

**Experiencing domestic violence as a child: Young adults'
recollections and suggestions for social work services.**

By

Danelia Verna Warnick

Submitted in accordance with the requirements

for the degree of

MASTERS OF ARTS SOCIAL SCIENCE

In the subject

SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

Supervisor: Dr M.A. van der Westhuizen

February 2018

ABSTRACT

This study sought to explore and describe the recollections of young adults who were exposed to domestic violence within the family structure during childhood, so as to develop an understanding of the systems and structures needed to develop effective services to child victims of domestic violence. It is envisaged that services to these children could aid as an important preventative strategy, in that newly acquired behaviour and thinking patterns could assist them to defer from engaging in violent relationships, thereby, breaking the cycle of violence. The research study was conducted by means of a qualitative research approach and made use of the phenomenological, contextual, explorative and descriptive research designs. The purposive sampling technique was used and semi-structured interviews were employed to obtain the data. Tesch's (cited in Creswell, 2009:186) proposed eight steps for data analysis were employed. Data verification focused on credibility/authenticity, transformability, dependability and conformability. It is envisaged that the findings and conclusions of this study could inform the planning of services to children exposed to domestic violence.

Keywords: Child, domestic violence, exposure, recollections, social worker, social work services, victim, young adult

DECLARATION

I, Danelia Verna Warnick, hereby declare that the thesis, “**Experiencing domestic violence as a child: Young adults’ recollections and suggestions for social work services**”, is my own work, and that all the sources used, or referred to by me during this research study are indicated by means of a complete reference and acknowledgement.

D Warnick

Date

Student Number: 3272 483 7

ACKNOWLEDGEMENTS

I would like to express my sincere appreciation to the following people who made this study possible:

- First and foremost, to the Almighty God, for giving me the strength, knowledge and wisdom to undertake this research study, and for his guidance and perseverance.
- Dr Marichen van der Westhuizen, my study leader, I am thankful for your support, patience, inspiration and immense knowledge throughout this study.
- My colleagues at the Department of Social Development in Paarl for their assistance, support and motivation.
- My editor, Lee-Anne Roux, for your valuable input and support throughout this study.
- My beloved husband (Andrew) and children (Aydia and Daynia) for your unconditional love and support, and for always encouraging me to achieve my goals.
- My dear parents, Daniel and Sylvia Bruintjies, who have been my role models and inspiration, and who have taught me the importance of education as well as helping others.
- My friends for their support and motivation.

DEDICATION

I would like to dedicate this study to God, to my beloved family, and to all young adults who experienced domestic violence during childhood.

They are courageous people, and I am so grateful to have been taught so much by them during my study journey.

LIST OF TABLES

TABLE 1 BIOGRAPHICAL DETAILS OF PARTICIPATING YOUNG ADULTS	54
TABLE 2 FINDINGS PERTAINING TO YOUNG ADULTS' RECOLLECTIONS OF DOMESTIC VIOLENCE DURING CHILDHOOD.	58
TABLE 3 BIOGRAPHICAL DETAILS OF PARTICIPATING SOCIAL WORKERS	107
TABLE 4 FINDINGS PERTAINING TO SOCIAL WORKERS' DESCRIPTIONS OF SERVICES TO CHILDREN EXPOSED TO DOMESTIC VIOLENCE..	109

LIST OF FIGURES

FIGURE 1. METHODOLOGICAL FLOW OF THE STUDY	32
--	----

LIST OF ABBREVIATIONS

POPCRU	Police and Prison Civil Rights Union
PTSD	Post Traumatic Stress Disorder
SACSSP	South African Council for Social Service Professions
UNICEF	United Nations Children's Fund
WHO	World Health Organization

TABLE OF CONTENTS

ABSTRACT.....	II
DECLARATION.....	III
ACKNOWLEDGEMENTS	IV
DEDICATION	V
LIST OF TABLES	VI
LIST OF FIGURES.....	VII
LIST OF ABBREVIATIONS.....	VIII
TABLE OF CONTENTS.....	IX
CHAPTER 1.....	1
INTRODUCTION AND BACKGROUND TO THE STUDY.....	1
1.1 INTRODUCTION	1
1.2 CLARIFICATION OF BASIC TERMS AND CONCEPTS	2
1.2.1 <i>Child</i>	2
1.2.2 <i>Domestic violence</i>	2
1.2.3 <i>Exposure</i>	3
1.2.4 <i>Recollection</i>	3
1.2.5 <i>Social worker</i>	4
1.2.6 <i>Social work services</i>	4
1.2.7 <i>Victim</i>	5
1.2.8 <i>Young adult</i>	5
1.3 BACKGROUND OF THE RESEARCH STUDY AND LITERATURE REVIEW.....	6
1.3.1 <i>Theoretical framework</i>	19
1.4 PROBLEM FORMULATION	21
1.5 RESEARCH QUESTIONS, GOALS AND OBJECTIVES	23
1.5.1 <i>Research questions</i>	23
1.5.2 <i>Research goals</i>	23
1.5.3 <i>Research objectives</i>	24
1.6 RESEARCH METHODOLOGY.....	25
1.7 OUTLINE OF THE THESIS	28
CHAPTER 2.....	30
IMPLEMENTATION OF THE RESEARCH METHODOLOGY	30
2.1 INTRODUCTION	30
2.2 RESEARCH METHODOLOGY.....	31
2.2.1 <i>Research approach</i>	33
2.2.2 <i>Research designs</i>	34
2.3. RESEARCH METHODS	36
2.3.1 <i>Population</i>	36

2.3.2 Sampling.....	37
2.3.2.1 Sample size	38
2.3.3 Data collection	39
2.3.3.1 Preparation for data collection	39
2.3.3.2 Methods of data collection	40
2.3.3.3 Interview techniques.....	43
2.3.3.4 Method of data recording	43
2.3.3.5 Pilot testing	44
2.3.4 Method of data analysis	44
2.4 METHODS OF DATA VERIFICATION	46
2.5 ETHICAL CONSIDERATIONS	47
2.5.1 Do no harm	48
2.5.2 Informed consent	48
2.5.3 Confidentiality.....	49
2.5.4 Anonymity.....	49
2.5.5 Beneficence	49
2.5.6 Debriefing of participants	50
2.5.7 Management of information	50
2.6 LIMITATIONS OF THIS STUDY.....	51
2.7 CONCLUSION	52
CHAPTER 3.....	53
FINDINGS AND LITERATURE CONTROL	53
3.1 INTRODUCTION	53
3.2 FINDINGS RELATED TO DATA OBTAINED FROM YOUNG ADULTS.....	54
3.2.1 Biographical information	54
CHAPTER 4.....	106
SOCIAL WORKERS PROVIDING SERVICES TO FAMILIES EXPOSED TO DOMESTIC VIOLENCE:.....	106
FINDINGS AND LITERATURE CONTROL	106
4.1 INTRODUCTION	106
4.2 FINDINGS RELATED TO DATA OBTAINED FROM SOCIAL WORKERS.....	107
4.2.1 Biographical information	107
CHAPTER 5.....	148
CONCLUSIONS AND RECOMMENDATIONS	148
5.1 INTRODUCTION	148
5.2 CONCLUSIONS	149
5.2.1 Conclusions regarding the research methodology.....	150
5.2.2 Conclusions regarding young adults' experiences and perceptions regarding their exposure to domestic violence during their childhood.....	153
5.2.3 Conclusions regarding social workers' experiences and perceptions regarding childhood exposure to domestic violence	162
5.3 RECOMMENDATIONS.....	169
5.3.1 Recommendations related to the research methodology.....	169
5.3.2 Recommendations for services to children exposed to domestic violence	170

5.3.3 Recommendations for services to young adults who have been exposed to domestic violence during childhood	173
5.3.4 Recommendations for further research	174
5.4 CONCLUSION	174
REFERENCE LIST	176
ANNEXURES.....	199
ANNEXURE A: PERMISSION TO CONDUCT RESEARCH AND LETTER OF INVITATION TO ORGANISATIONS	199
ANNEXURE B: LETTERS OF INVITATION	201
ANNEXURE C: INFORMED CONSENT FORMS.....	204
ANNEXURE D: CONTRACT WITH SOCIAL WORKER WHO WILL ACT AS DEBRIEFER.....	206
ANNEXURE E: INTERVIEW GUIDES.....	207

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Domestic violence, also referred to as intimate partner violence, manifests in a variety of ways. Most of the literature and research studies primarily focus on these forms of domestic violence and its devastating effect on women (cf. Bendall, 2010; Breetzke, 2010; Slabbert and Green, 2013), while less focus is placed on how children who are exposed to domestic violence are affected. In light of this oversight, home is not a safe place for these children (United Nations Children's Fund [UNICEF], 2006:3) and the damage done to them is often overlooked (Alberta Children and Youth Services, 2008:2). The damage incurred is usually physical, social and emotional in nature, and can influence the child's future functioning during adulthood. Richards (2011:2) agrees with these viewpoints and notes that "...children who live in homes characterised by violence between parents, or directed at one parent by another, have been called the 'silent', 'forgotten', 'unintended', 'invisible' and/or 'secondary' victims of domestic violence". For this reason, the focus of this present study is on young adults who were exposed to domestic violence during childhood. The aim is therefore to develop a better understanding of how this exposure affected them then and now.

This first chapter will provide the reader with clarity regarding the context of the present study by means of a description of basic terms and concepts, as well as a discussion of the background of the research problem by means of a review of relevant and current literature and the theoretical framework of the study. The research problem, research question and the goal of this study will also be presented. The chapter will conclude with a brief description of the chosen research methodology, which will be elaborated on in Chapter 2.

1.2 CLARIFICATION OF BASIC TERMS AND CONCEPTS

The present research study focuses on the experiences of young adults who were exposed to domestic violence during their childhood. This focus is aimed at developing an understanding of how social work support could be planned and implemented to ensure relevant service delivery to children exposed to domestic violence. Thus, the following important key concepts used within this study are defined below: child, domestic violence, exposure, recollections, social worker, social work services, victim and young adult.

1.2.1 Child

The South African Children's Amendment Act¹ (Republic of South Africa, 2007) recognizes a child as a person under the age of eighteen years. The United Nations Convention on the Rights of the Child (1990) provides a similar description of the term 'child' and recognises that "...the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". When looking at childhood from the perspective of young adults, this research study also acknowledges the statement indicated in the convention that reads as follows: "The child should be fully prepared to live an individual life in society". The focal point of this study is therefore on childhood exposure (i.e. the developmental period up to eighteen years) to domestic violence, by providing young adults with the opportunity to share their recollections and to reflect on social work support that was either received or needed.

1.2.2 Domestic violence

The term 'domestic violence' refers to "...a pattern of assaultive and/or coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion" within the family system (Child Welfare Information Gateway, 2013:1). Furthermore, this research study refers to domestic violence

¹ South African Children's Amendment Act 38 of 2005, as amended by the Children's Amendment Act 41 of 2007.

in terms of the description provided by the Domestic Violence Act 116 of 1998 (Republic of South Africa, 1998). It includes abuse and other forms of damage. Abuse refers to physical-, sexual-, emotional-, verbal-, non-verbal- and psychological abuse. Other forms of damage refers to: intimidation, harassment, stalking, damage to property, entry into a residence without consent, and any other controlling or abusive behaviour. For the purpose of this study, 'the recollections of young adults who were exposed to domestic violence during their childhood,' thus refers to young adults who were either a victim themselves, according to the above description, or a witness of domestic violence within their family system.

1.2.3 Exposure

For the purpose of this study, 'exposure' refers to children who witness domestic violence and who may or may not be direct victims of the occurring violence. Exposure by means of witnessing can involve any of the following: hearing the violence; being used as a physical weapon; being forced to watch or participate in assaults; being forced to spy on a parent; being blamed for the violence because of their behaviour; being used as a hostage; defending a parent against the violence; and/or intervening to stop the violence (Humphreys, 2008:230; Richards, 2011:1; Hogan and O'Reilly, 2007:7). According to Summers (2006:8), children who witness domestic violence face potential problems due to the negative impact on their cognitive development, as well as their emotional and physical health. This study therefore explores the recollections of young adults exposed to domestic violence, and the ramifications thereof.

1.2.4 Recollection

'Recollection' refers to the mental process of remembering an event, information or experience (Merriam-Webster Dictionary, 2015). Recollections are often context dependent. This means that, within a specific context, information will be stored in terms of specific cues that will assist a person to recall the information at a later stage. These recollections often determine reactions/behaviours within specific situations (Godden and Baddeley, 1975:325-331). In this study, the term

‘recollection’ refers to an exploration of the memories that young adults who were exposed to domestic violence during childhood have of this violence. The questions in the interview guide served as cues for them to be able to recall their experiences.

1.2.5 Social worker

The International Federation of Social Workers (2016) provides a global definition of the social work profession as follows:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.

The abovementioned definition is specifically relevant to this research topic, particularly with regards to its focus on the empowerment of people, human rights and the enhancement of well-being. Within the South African context, social workers need to register with the South African Council for Social Service Professions (SACSSP) and adhere to the Code of Conduct stipulated in the Social Service Professions Act 110 of 1978 (Republic of South Africa, 1978). In the context of this present study, a social worker works according to the global definition provided above and within the framework of the SACSSP’s Code of Conduct.

1.2.6 Social work services

Within the South African context, social work services are based on the developmental approach (Department of Social Development, 2013:13-15). Social work services are therefore aimed at social development, which is an approach based on principles such as self-help, self-determination and active participation in service-rendering (Boshoff, 2013:2). The United Nations (2011:2) adopted a broad definition of social development, namely: “...concerned with processes of change that lead to improvements in human well-being, social

relations and social institutions, and that are equitable, sustainable, and compatible with principles of democratic governance and social justice". Collaboration with all role-players as part of community development is important for promoting positive outcomes in the community to encourage harmony, wellness and healing on all levels, namely: Physical, mental, spiritual, cultural, social, economic and political (Department of Social Development, 2011:28). For the purpose of this research study, social work services are being investigated from the viewpoint of service recipients (i.e. child victims of domestic violence) in order to generate suggestions for social work services to child victims of domestic violence.

1.2.7 Victim

Victims of domestic violence (including children) may be described in terms of the definition provided by the Department of Justice and Constitutional Development (2006:11) as "...a person who has suffered harm, including physical or mental injury, emotional suffering; economic loss; or substantial impairment of his or her fundamental rights, through acts or omissions that are in violation of our criminal law". Related to this research study, the term 'victim' also includes the immediate family or dependant of the direct victim. Therefore, according to this definition, children exposed to domestic violence are viewed as victims.

1.2.8 Young adult

For the purpose of this research study, the term 'young adult' will refer to two life stages, namely: Late adolescence (ages 18 to 24) and early adulthood (ages 25 to 34). When focusing on young adults in the late adolescent stage, it needs to be considered that they are faced with the following developmental tasks: autonomy from parents/caregivers (i.e. independence), identity formation, internalised morality and career choices that ultimately prepares them for an independent life (Newman and Newman, 2012:390). Louw and Louw (2007:487-493) explain that the move towards independence for this age group is associated with particularly challenging changes, for instance, finding a social

identity and acceptance in a peer group and/or in a romantic relationship, as well as establishing a new relationship with their parents/caregivers. Young adults in the early adulthood stage are faced with different developmental challenges, and establishing their own family, career and support systems during this stage is associated with successful functioning (Louw and Louw, 2007:493-507). The young adults who were asked to share their recollections of domestic violence experienced during their childhood were therefore confronted with specific life stage developmental tasks, while also dealing with the consequence of domestic violence on their functioning.

The above description of the key concepts guided the focus of the literature review, which informed the background description of this research study.

1.3 BACKGROUND OF THE RESEARCH STUDY AND LITERATURE REVIEW

This section, firstly, focuses on the phenomenon of domestic violence and the prevalence thereof, specifically within the South African context. Secondly, emphasis is placed on the impact thereof on children exposed to domestic violence and including how this exposure impacts on young adult survivors of domestic violence. Findings and recommendations from recent studies related to this research topic will also be described. Lastly, relevant legislation and current social work practice will be discussed.

In order to understand what exposure to **domestic violence** during childhood entails, the term 'domestic violence' should be clarified. Domestic violence is viewed as any incident of threatening behaviour, violence or abuse between adults who are, or have been, intimate partners or family members regardless of gender or sexuality (Abrahams, 2007:17). In England, The Women's Aid Federation (2009:5) views domestic violence as a pattern of controlling behaviour against intimate partners or ex-partners, which includes, but is not limited to, physical assault, sexual abuse, emotional abuse, isolation, economical

abuse, threats, stalking and intimidation. Similarly, South African legislation, by means of The Domestic Violence Act 116 of 1998 (Republic of South Africa, 1998), refers to two terms, namely: 1) abuse, and 2) other forms of damage as described in the previous section. Sanderson (2008:23) adds to the description above and includes financial/economic abuse.

The **prevalence of domestic violence** is a worldwide phenomenon. Although women, men and children within a household can be direct victims, the literature places much emphasis on female victims of domestic violence (cf. United Nations, 2009; World Health Organization (WHO), 2013). For the purpose of this study it is important to note that these women are the mothers of children who are also exposed to the domestic violence (Hogan and O'Reilly, 2007:34). The United Nations (2009:127) estimates that "...rates of women experiencing physical violence at least once in their lifetime vary from several per cent to over 59 per cent depending on where they live". This viewpoint is confirmed and acknowledged in the report by WHO (2013:9), which states that "...30% of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner". This represents a large proportion of the world's women.

In South Africa, violence against women and girls, as well as men and boys are observed, and therefore includes children as victims of domestic violence (UNICEF, 2006:12; Machisa, 2011; Watson, 2012:3). Watson (2012:3) reports that the total number of protection orders obtained by victims of domestic violence from 2009 to 2011 amounted to 668 873. This number, however, does not denote the true extent of domestic violence in the country as it only reflects reported cases that resulted in protective orders. It also does not indicate the prevalence of, and services to, children exposed to domestic violence (Vetten, 2014:6). The Police and Prison Civil Rights Union (POPCRU) admitted in 2011 that the South African Police Service do not have accurate and reliable statistics on domestic violence. In this regard, the Minister of the South African Police acknowledged that the actual number of cases of violence against women and

children may be higher than that which is indicated in statistical reports (Machisa, 2011). Furthermore, the report by WHO (2013:9) highlights the seriousness of this phenomenon and reveals that as many as 38 % of all global female murders are committed by their intimate partners. This is confirmed by Jewkes, Abrahams and Mathews (2009:1) in the South African context, who report that domestic violence often results in the murder of women by their husbands and boyfriends as an "...extreme consequence of partner violence". For example, in 2011, although the murder rate in South Africa dropped, the number of women murdered increased by 5.6 % (Machisa, 2011).

The abovementioned statistics should, for the purpose of this research study, also be read in terms of children growing up in homes where domestic violence (as described above) takes place. This then illustrates the extent to which children in South Africa are exposed to domestic violence and its direct consequences.

Statistics show that **children growing up in households where domestic violence occurs** ranges between 240 000 and 963 000 in the United Kingdom, 8 000 and 42 000 in Ireland, 339 000 and 2.7 million in the United States of America (USA), and 500 000 and 1.3 million in South Africa (UNICEF, 2006:12). In the USA a national survey across socio-economic boundaries during 2008 explored the extent to which children (17 years and younger) were exposed to domestic violence during their lifetime. More than 60 % of the participants in the survey were directly or indirectly affected by domestic violence, while one half of the participants were assaulted as part of the domestic violence (Finkelhor, 2008:1). Other studies from countries around the world such as China, Egypt, India, Mexico and South Africa show a strong correlation between domestic violence against women and violence against children (Summers, 2006:37-45). A report by the United Nations Children's Fund (UNICEF, 2006:9) notes that 40 % of child abuse cases were linked to the co-occurrence of domestic violence. The report further suggests that the exposure to violence impacts on the child's physical, emotional and social development, as well as influences behaviour,

and that "...later in life, these children are at greater risk for substance abuse, juvenile pregnancy and criminal behaviour" (UNICEF, 2006:16).

A study by Hogan and O'Reilly (2007:34-39), which focused on children exposed to domestic violence in Ireland, revealed how the media and everyday-life examples provided the children who participated in this study with the perception that some men have power and control. In addition, these children reported that their awareness and experience of domestic violence was the result of overhearing the violence, seeing the physical damage after the violence took place, and being assaulted during or as part of the violence. They also indicated that exposure to the domestic violence impacted on their relationships with their fathers, mothers, siblings, and friends, and that they experienced the domestic violence as "...a chaotic part of their lives". These experiences relate to the social perception of domestic violence as described by a research study in 2010 (Breetzke, 2012:299) that found that domestic violence was viewed as a normal practice in South Africa, as the majority of men and over half of the women that were surveyed believed that women should obey their husbands. These findings also included the viewpoints of young girls. Similarly, a research study conducted in Georgia found that 78.3 % of female victims of domestic violence believed that it is a matter to be handled within the family, and should therefore not be reported (Chitashvili, Javakhishvili, Arutiunov, Tsuladze and Chachanidze, 2010:1). In line with the abovementioned views, Bendall (2010:101) concurs that numerous mistaken ideas exist on why domestic violence is tolerated. The author illustrates some of these misconceptions, for instance, that only poor women get beaten, or that battered women ask for it, and thus concludes that the fact of the matter is that violence within a relationship can happen to anybody.

The above social perceptions are, among others, based on emotive experiences of domestic violence. Emotions experienced by children exposed to domestic violence that may impact upon their lives at a later stage include fear, anxiety, anger and aggression (Alberta Children and Youth Services, 2008:6).

Furthermore, Cunningham and Baker (2007:10-11) identify ten ways in which a child exposed to domestic violence can be influenced, namely:

- 1) Children are denied a good father and positive male role model,
- 2) Abuse can harm the mother/child bond,
- 3) Children can develop negative core beliefs about themselves,
- 4) Children can be isolated from helpful sources of support,
- 5) Unhealthy family roles can evolve in homes with domestic violence,
- 6) Abuse destroys a child's view of the world as a safe and predictable place,
- 7) Abuse co-occurs with other stresses and adversities with negative effects,
- 8) A child's style of coping and survival may become problematic,
- 9) Children may adopt some of the rationalisations for abuse, and
- 10) Children believe that victimisation is inevitable or normal.

Moreover, children exposed to domestic violence assume roles and utilise survival strategies that may be helpful, but in the long run these could prove to be more harmful and costly (Graham-Bermann and Seng, 2005:350; Overlien and Hydén, 2009:282). The long-term negative effects of childhood exposure to domestic violence may include the following:

- Mental blocks or emotional disconnection (substance abuse could be one way of blocking out fear and pain),
- Fantasising about escaping the situation or creating a better life elsewhere,
- Physically avoiding situations of conflict,
- Self-blame,
- Looking for reasons why the violence occurs,
- Seeking love and acceptance in the wrong places,
- Protecting younger siblings and the parent who is being abused (i.e. feeling responsible),
- Self-injury, and
- Suicidal gestures.

Yet, some children learn how to reach out to others for help and re-direct their emotions into positive activities (Cunningham and Baker, 2007:24-25; Overlien and Hydén, 2009:282).

Young adults who have been exposed to domestic violence as a child face challenges that may be categorised as follows:

- Internal socio-emotional effects,
- External socio-emotional effects,
- Damaged relationships,
- Psychological effects,
- Physical effects, and
- The intergenerational cycle of abuse (Rzepka, 2007:2).

Furthermore, another consequence of exposure to domestic violence is noted by UNICEF (2006:8), who report that the “...single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence”. Further reference is made to international research that points to higher rates of abuse among women whose husbands were abused as children, or who saw their mothers being abused.

In order to obtain a better understanding of the research topic, the researcher interviewed two females [referred to as Anonymous (a) and (b)] who were exposed to domestic violence during childhood. Confirming a report by the South African Police Service (2014:9-10) as well as research documented by Slabbert (2015:665), alcohol abuse was viewed as the main contributing factor for causing the acts of domestic violence. Anonymous (a), who was the youngest of four children, described herself as a witness of all her family’s conflict. In her mind she accepted the fact that her biological father (or any man) must assault her biological mother (or any woman), not realising the permanent emotional injuries caused to her as an innocent child, as well as to her siblings and biological mother. Anonymous (b) stated that, through her personal and work experiences,

she has noticed that the people (i.e. children) who are indirectly exposed to domestic violence usually remain subdued. She explained that it is based on the notion that “children must be seen and not heard,” which means that the child cannot voice his/her feelings. She continued to explain that the victim (i.e. the biological mother) assumed that the children must be well, because no physical harm was incurred on them (cf. Alberta Children and Youth Services, 2008:3). In terms of her own childhood, she witnessed domestic violence and explained that she acted as a protector of her siblings to ensure their safety although she herself was only a child. She also made sure that they did not witness the domestic violence within the home. Anonymous (b) continued to describe that, during her adolescent years, she suffered from low self-esteem, felt ashamed about the family conflict and isolated herself from family gatherings and events. She blamed the extended family for not intervening and not reporting the domestic violence. Out of frustration, anger and hatred, she tried to fight back against the abuser (father). In addition, she took the responsibility upon herself to report the domestic violence to the relevant departments and authorities, but without any success or intervention. She assumed that the case was not important enough to get any attention at a professional level. This sense of rejection and ignorance caused a feeling of inferiority.

Linked to the descriptions above and the previous discussion on emotions experienced by children who are exposed to domestic violence, Davis and Snyman (2005:77) describe the following changes that occur in victims of family violence:

- Damage to self-image occurs to such an extent that the victim feels deserving of the abuse,
- He/she feels unattractive and worthless most of the time and is self-disapproving,
- Indignation, humiliation, invalidation and sorrow are some of the feelings that frequently dominate the victim’s life,
- The victim is listless, neglects self-care and feels de-energised, and

- Physical appearance often displays signs of the victim's emotional condition.

In addition to the interviews described above, and in an effort to find relevant and recent information pertaining to the research topic within the South African context, the researcher focused on **studies related to domestic violence and children exposed to domestic violence**. In terms of domestic violence, studies by Jewkes et al., (2009) and Davis and Snyman (2005) focused on the prevalence and nature of domestic violence, and Breetzke (2012) and Bendall (2010) reported on how society views the phenomenon of domestic violence. These studies point towards a tolerance in communities and families that allow domestic violence to continue. Related to the latter aspect, domestic violence in terms of customary laws in rural South African communities was investigated by Curran and Bonthuys (2004), while Payne and Wermeling (2009:1-6) and Murray (2008:71) looked at the reasons why women do not leave the violent situation. Jansen Van Rensburg (2004) and Slabbert (2014:256) investigated cases where women successfully dealt with domestic violence, while Chitashvili et al., (2010:51-58) focused on the different forms of domestic violence, as well as the consequences thereof. In the Western Cape region, a province of South Africa where this study was conducted, with a focus on services, Petersen (2006) investigated challenges experienced by clergy when dealing with domestic violence.

Internationally, Lupri and Grandin (2004) investigated the prevalence of domestic violence against men in Ottawa and concluded that men find it difficult to admit that they are victims of this form of violence. Minaker and Snider (2006:771) elaborated on this theme and highlighted that the assumption that only women can be victims should receive attention. These authors recommend a shift towards the term 'family violence' to ensure that all family members are viewed as potential victims. Thus, the latter study also highlights the need to include children living in households where domestic violence occurs in research studies to inform social work practice.

Domestic violence in the home places children at risk for future deviant behaviours and exposure to domestic violence in childhood is positively associated with future domestic violence perpetration. Looking at the impact of domestic violence on children, Murrell, Christoff and Henning (2007:531) focused on the abuser and identified characteristics of domestic violence offenders. This study concluded that there is an association with childhood exposure to violence. Kaur and Garg (2008:73-76) reached the same conclusion in their study. These authors found that children growing up with domestic violence are more likely to use violence at school or in the community in response to perceived threats, as well as attempt suicide, use drugs, commit crimes, especially sexual assault, use violence to enhance their reputation and self-esteem, and become abusers themselves in later life. A study by Finkelhor, Turner, Ormrod, Hamby and Kracke (2009) confirmed the latter findings during their exploration of the impact of domestic violence on children in the United States of America.

More recently, Vetten (2014:1) provides the following recommendation for further research on domestic violence in South Africa: "Further research should be conducted on all forms of family violence in South Africa, especially the co-occurrence of child abuse with intimate partner violence. Services may need to be adapted to ensure they address the presence of both forms of violence in families".

With a specific focus on services, Hogan and O'Reilly (2007:7) assert that service providers are challenged to understand how domestic violence influences children who are being exposed to domestic violence as either victims or witnesses. The authors continue to argue that, although the impact of domestic violence on children has been acknowledged, children have not been heard when policies and services are being developed, and that continuous research is still needed (Hogan and O'Reilly, 2007:6). Similarly, Hague, Harvey and Willis (2011:1) report on adult survivors of domestic violence and state that research

on adults who experienced domestic violence as children is “...scarcely an issue at all”. These authors assert that practice could draw on the memories of the adult survivors to develop a better understanding of the challenges they experienced as well as the ways in which they coped with these challenges.

In terms of addressing domestic violence, the South African government has made significant commitments over the past few years to protect victims of violence through the development of **policies and legislation**. The Constitution of the Republic of South Africa (Republic of South Africa, 1996) is the highest legislation in South Africa, and aims to protect the fundamental human rights of all South Africans. Although this legal document does not specifically mention the rights of victims of domestic violence (including children exposed to domestic violence), it does boldly stipulate the rights of victims in general, which reads as follows:

Every victim has the right not to be discriminated against, due to race, ethnic group, colour or gender; the right to life, human dignity and freedom which includes the right to be free from all forms of violence from either public or private sources; the right to be equal in front of the law, his/her case to be heard and the right to make use of public services and the receiving of correct information and fair services.

These rights provide every victim with some kind of security and a sense of belonging. This implies that children exposed to domestic violence also have a right to services. The Constitution then directed the development of the Domestic Violence Act 116 of 1998 (Republic of South Africa, 1998). This Act clearly acknowledges that domestic violence is a serious social problem in South Africa and refers to victims as “...among the most vulnerable of the members of society”. It was introduced with the purpose of providing victims of domestic violence with protection and stipulates how law enforcement bodies should protect victims as far as possible as well as prevent further abuse from taking place. However, reviewing the implementation of the Act, Matthews (2012:2-3) notes this has been problematic. Reports of non-compliance by members of the police include firearms not always being confiscated after they were used to

threaten victims, and failure to suspend the license of the alleged perpetrator (i.e. abuser). In addition, the safety of persons who had obtained protection orders was being compromised by some police officials' unwillingness to arrest perpetrators (i.e. abusers) who violated the protection order. When considering the changes occurring in victims of domestic violence described above and the statement by Anonymous (b), a concerning aspect is that the behaviour of police officials dealing with victims of domestic violence was reported as being demeaning and discriminatory. It was also noted that there appeared to be a disincentive by police officers to record incidents of domestic violence, abuse and rape, as this would negatively affect their overall performance rating. In addition, it was also highlighted that "...domestic violence registers were not being maintained in the manner required" (Vetten, 2014:1). In 2008, Weideman (2008:12-14) recommended that social education and victim friendly facilities at all police stations needed to be addressed so as to reduce secondary victimisation. In 2012, however, Matthews (2012:3) reports that secondary victimisation still occurs during service delivery to victims of domestic violence.

The needs of victims of crime (although not specifically victims of domestic violence, particularly children) are also acknowledged in the Service Charter for Victims of Crime in South Africa, more commonly known as the Service Charter for Victims (Department of Justice and Constitutional Development, 2004). The Charter supports the Constitution of the Republic of South Africa (1996) and is aligned with the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (UN General Assembly, 1985). This service charter for victims of crime was developed in recognition of the rights of victims in the criminal justice system and includes seven core rights of victims of crime, namely, the right to:

- Be treated with fairness, and respect for dignity and privacy,
- Offer information,
- Receive information,
- Protection,
- Assistance,

- Compensation, and
- Restitution.

This present study approaches domestic violence from a **social work perspective**, as a support service to children who are exposed to domestic violence. In terms of the right to assistance, the Service Charter for Victims of Crime in South Africa describes the following aspects regarding support to victims: Victims have the right to request assistance and, where relevant, have access to available social, health and counselling services, as well as legal assistance. The South African Police Service should inform victims of relevant service providers (Department of Justice and Constitutional Development, 2004:8).

Social services to victims of domestic violence are directed by the Department of Social Development's (2013:31) Framework for Social Welfare Services. This framework acknowledges that all services should be equal for all people, but emphasises that the family, as the central unit in communities, should receive specific attention. In addition, specific target groups were identified, these included women and children. Services to families should focus on, among others, the following:

- Capacity building,
- Empowerment programmes,
- Life skills programmes,
- Awareness campaigns,
- Advocacy, and
- Information/advisory services.

A further guideline for social services to victims of domestic violence, and also accentuating the focus on the importance of families, is the White Paper on Families (Department of Social Development, 2012). The White Paper is aimed at developing positive family well-being and overall socio-economic development in the country. The objectives are:

- 1) To enhance the nurturing, caring and support capabilities of family members, which effectively contributes to the development of the country,
- 2) To empower families by enabling them to identify and negotiate other opportunities that are available in the country, and
- 3) To improve the abilities of families and create social interaction that contributes towards a sense of social cohesion and national solidarity.

The vision is to enable families to provide care, as well as physical, emotional, psychological, financial, spiritual and intellectual support to their members.

Tshiguvho, Bosilong and Mbecke (2008:47-49) report on services by the Department of Social Development. The emphasis on service, amongst other issues, is placed on the comprehensive protection of vulnerable groups, including women and children. The authors concur that dealing with victims of domestic violence is a key task of social workers. It is, however, noted that social workers need to address this social issue within a network consisting of a number of role-players such as the police, court officials and health care workers. Initiatives by the Department of Social Development are based on the Service Charter for Victims of Crime in South Africa (Department of Justice and Constitutional Development, 2004). The Victim Empowerment Programme by the said Department also accentuates the need for inter-sectoral programmes and the management thereof, to ensure holistic support to victims, especially women and children. The following core principles are provided as a guide for services:

- Ensuring that the needs of victims are clarified and being addressed,
- Stimulation of volunteer participation,
- Reduction of secondary victimisation,
- Encouragement of co-operation with the criminal justice process,
- Enforcement of socially desirable behaviour, and
- Prevention in terms of services to offenders and potential offenders (Department of Social Development, 2009:1-2).

However, statements by Anonymous (b), confirmed by Hogan and O'Reilly (2007:7) and Harvey and Willis (2011:1), highlight the fact that the exact nature of social work support to children exposed to domestic violence and its effectiveness are not clear.

The background discussion above informed the choice of a suitable theoretical framework from which this present study could be conducted.

1.3.1 Theoretical framework

A theoretical framework for this research study was identified, based on the established need to develop a better understanding of children exposed to domestic violence, as described by young adults. The researcher singled out two perspectives in social work to direct this study, namely, the *systems perspective* and the *social behavioural perspective*.

Hutchison, Wood and Charlesworth (2015:38-42) describe the systems perspective in terms of human behaviour as the "...reciprocal interactions of persons operating within linked social systems". Within a family system, the structure of roles is viewed as important to maintain the balance of the system. It means that children in the home where domestic violence occurs will take on specific roles to cope with the situation. Therefore, according to the systems perspective, the family system is made up of interrelated members. Each part of the system impacts on all the other parts, and on the system as a whole. The authors explain that the systems perspective is specifically useful to understand human behaviour. The researcher, therefore, identified this as a suitable perspective to develop an understanding of children exposed to domestic violence.

In order to investigate social work support to these children, the researcher also took note of the influence of external factors on human beings (i.e. external systems). The social behavioural perspective views human behaviour as learned behaviour through interaction with the environment. Hutchison et al., (2015:60-

63) assert that the principles of learning within this perspective are "...association of environmental stimuli, reinforcement, imitation, and personal expectations and meaning". This perspective emphasises that services and support by external systems can contribute to a change in social behaviour. This perspective is viewed as relevant, based on evidence that indicates learned behaviour by children exposed to domestic violence (Kaur and Garg, 2008:73-76).

Based on the abovementioned perspectives, the **attachment theory** was identified as the theoretical framework for this present research study. This theory provides a framework from which one could develop an understanding of how people respond to being hurt within specific relationships, when they are separated from loved ones, and/or when they perceive specific situations as a threat. According to attachment theory, human beings develop the ability to trust others and themselves, or they experience an inability to trust based on negative experiences with caregivers during childhood. This then directs how they will react in threatening situations, how they build relationships, and what their basic expectations of others are (Waters, Corcoran and Anafarta, 2005:81). Howe (2011:69) explains that this ability to form trusting relationships with the self and others during adulthood stems from the security and care provided by the primary caregiver during childhood. The author asserts that this impacts on the child's social and emotional development. Therefore, exposure to domestic violence during childhood that results in a threatening situation where the child feels unprotected by the caregiver will impact on how he/she functions later on in life. Slade (2008:776) discusses how attachment during childhood impacts on adults in terms of secure, anxious-preoccupied, dismissive-avoidant and fearful-avoidant attachment styles. Social and emotional behaviours, attitudes, and perceptions, are therefore, according to this theory, determined by the level of security and degree of care received during childhood.

In this research study, the recollections of young adults who were exposed to domestic violence during their childhood were explored in terms of how the exposure affected their relationships within the household and their immediate

environment, and how they suggest social workers could support children exposed to domestic violence in an effort to provide them with the ability to effectively develop socially and emotionally. The research problem, viewed from the theoretical framework, assisted the researcher to identify and formulate the research questions, goal and objectives. These are discussed below.

1.4 PROBLEM FORMULATION

A research problem is a description of the rationale behind a research study and is a formulation of the need to investigate, study or address a specific topic through a scientific process (Boudah, 2011:22). The research problem for this present study is based on the preliminary literature review that contributed to the description of the background of this study, as was discussed above. It was the first step of the research process, as the research problem functions as the foundation of a research project (Kumar, 2014:40-41). The research problem that forms the foundation of this research study is therefore summed up as follows:

Literature, legislation and recent studies place an emphasis on the description of the forms of domestic violence, services to the victims of domestic violence, and the influence of domestic violence on the victim. Although the influence on children who are exposed to domestic violence is noted, a clear understanding of the experiences and needs for social work support to these children appears to be lacking (cf. Minaker and Snider, 2006:771; Hogan and O'Reilly, 2007:7; Vetten, 2014). Furthermore, and although children are identified as a vulnerable group by the Department of Social Development, it appears that current services mainly focus on the victim and/or abuser and not on the children in households where domestic violence occurs (cf. Tshiguvho et al., 2008:47-49). A lack of information and descriptions of children exposed to domestic violence impacts on social workers' understanding of the needs of these children (Hogan and O'Reilly, 2007:7). In addition, recollections from young adults who were exposed to domestic violence during childhood could depict the influence of domestic violence on them during childhood, as well as how this influence impacts on their

lives later on (Hague et al., 2011:1). Services that support these children could assist them with emotional and physical support that could prevent them from repeating the process of domestic violence as adults, as their behavioural and cognitive development could be supported in an effective manner (UNICEF, 2006:16; Minaker and Snider, 2006:771; Murrell et al., 2007:531; Finkelhor et al., 2009). It could also assist with a better understanding of their needs related to support provided by the social work profession. Within such a framework, services to these children could serve as an important preventative strategy, as new behaviour and thinking patterns could assist them to avoid relationships where violence is accepted, or to engage in violent behaviour in the future. In addition, an exploration of the recollections of young adults who were exposed to domestic violence during childhood could contribute to a better understanding of the systems and structures needed to develop effective services to victims of domestic violence.

The research problem above directed the formulation of the research questions described in the next section.

1.5 RESEARCH QUESTIONS, GOALS AND OBJECTIVES

The research questions emanated from the research problem and directed the formulation of the research goal. The research objectives were formulated to ensure that the steps followed during the research process would focus on attaining the research goals. The objectives also served as a guide for choosing the research methodology that could assist the researcher to attain the goals of the study.

1.5.1 Research questions

For the purpose of this study, the research questions were formulated based on the literature review (i.e. the background information) and the problem statement (Grinnell and Unrau, 2008:38-39). The research problem identified the need to explore the experiences of children exposed to domestic violence based on the recollections of young adults. It was further noted that such an exploration is needed to inform social work services to address the needs of these children effectively. The following three research questions emanated from the identified problem, namely:

- a) How do social workers support young adults who as children experienced domestic violence?
- b) What are the experiences of children regarding domestic violence as recollected by young adults who were exposed to such experiences as a child?
- c) How should the social work profession support children who experience domestic violence?

1.5.2 Research goals

The research goal is based on the identified research questions in order to assist the researcher to address the research problem adequately (Creswell, 2009:111-13). In terms of what the researcher aimed to achieve through this study and to answer the research questions, the identified goals of this study are as follows:

- a) From the perspective of social workers rendering child and family welfare services, to explore and describe the social work services rendered to children who are exposed to domestic violence.
- b) To develop an in-depth understanding of the experiences of children exposed to domestic violence, as recollected by young adults who experienced domestic violence as a child, in order to proffer suggestions for social work services to child victims of domestic violence.

1.5.3 Research objectives

The research objectives are the steps that the researcher follows in order to obtain the research goals (Fouché and De Vos, 2011:94). For this purpose, the researcher formulated a number of objectives to provide a systematic framework from which the study could be conducted. The following objectives are identified to:

- a) Obtain a sample of social workers who work with children exposed to domestic violence.
- b) Conduct semi-structured interviews by using open-ended questions contained in an interview guide with social workers who work with children exposed to domestic violence.
- c) Explore the nature of social work services offered to child victims of domestic violence.
- d) Obtain a sample of young adults who experienced domestic violence during their childhood.
- e) Conduct semi-structured interviews through open-ended questions contained in an interview guide with young adults who experienced domestic violence during their childhood.
- f) Explore the experiences of young adults who were exposed to domestic violence within the family structure during childhood relating to this violence.
- g) Explore the nature of social work services offered to child victims of domestic violence.

- h) Analyse the data obtained according to the eight steps of qualitative data analysis proposed by Tesch (cited in Creswell, 2009:186).
- i) Describe the experiences of young adults who were exposed to domestic violence within the family structure during childhood relating to this violence.
- j) Describe the social work services offered to child victims of domestic violence.
- k) Interpret the data and conduct a literature control in order to confirm and/or contrast the data.
- l) Draw conclusions, make recommendations and formulate suggestions for social work services to child victims of domestic violence.

The research questions, goals and objectives assisted the researcher to make choices regarding the research methodology to be implemented in the research study.

1.6 RESEARCH METHODOLOGY

The research methodology that was chosen to assist the researcher to address the research problem, to answer the research questions, and to attain the research goals and objectives will be provided in this section. The implementation of the chosen methodology will be described in the next chapter.

In order to reach the abovementioned research goals, a **qualitative research approach** was chosen, as it provides a suitable framework that can be used to understand complex situations from the participants' point of view (Leedy and Ormrod, 2013:94-97). This approach was viewed as appropriate for this present study as it explored the perception, experiences and practices of the people in the context (i.e. children exposed to domestic violence and social workers who render services to victims of domestic violence) in order to report on the current social work services rendered to young adults who as children were victims of

domestic violence and to proffer suggestions for social work services to child victims of domestic violence.

The qualitative research approach informed the choices related to the research designs to be implemented in this present study. A combination of research designs typically related to the qualitative research approach was identified to serve as a guide for the sampling, data collection and data analysis. The following research designs associated with the qualitative research methodology were selected to support the researcher:

- The **phenomenological research design** was chosen to assist the researcher to gain a better understanding of the phenomenon of domestic violence. Nicolls (2009:587) explains that this research design is relevant when the researcher wants to interpret specific experiences and perceptions of persons involved in a specific situation/context. According to this author, "...phenomenology tells us that we should view each person as unique, and that if we are to understand the unique experiences each person has, we should concern ourselves with their particular world-view". This research design provided a framework from which the meaning of the lived experiences of human beings (i.e. young adult survivors of domestic violence during childhood and social workers rendering child and family welfare services) in specific situations (i.e. domestic violence) could be explored.
- The **contextual research design** was chosen to assist the researcher with exploring and describing the research problem and questions within the context in which the participants functioned. Using this design supported the researcher's effort to develop and maintain a specific focus on the context in which the research problem occurs in order to obtain a better understanding of the research problem (Kreuger and Neuman, 2006:159; Monette, Sullivan and DeJong, 2010:219).
- In order to encourage participants to "tell their stories", the **explorative research design** was chosen. This relevance of this design was that it

provided a guide from which the researcher was able to obtain information that added to the understanding of a phenomenon, based on the experiences and perceptions of the insiders of the situation (Borum, 2006:342).

- In order to ensure that these experiences and perceptions were well described to obtain a deeper understanding of the research topic, the **descriptive research design** was chosen to be used together with the explorative research design (Rubin and Babbie, 2005:125).

The research questions, as well as the contextual and explorative research designs informed the decision the researcher made about the **population** of this study. The researcher wanted to ensure that the population would include those persons who are the focus of this study from which the sample could be selected (Fox and Bayat, 2007:52). As this study included two research goals, each focusing on a specific group (i.e. social workers and young adults), two population groups were identified, namely:

- 1) Social workers who work with children who are exposed to domestic violence, and
- 2) Young adults who experienced domestic violence during childhood.

Both populations came from the Drakenstein Local Municipal Area in the Cape Winelands District in the Western Cape.

In order to obtain samples from the two population groups, the **non-probability sampling method**, together with the **purposive sampling technique** was chosen, as the researcher needed to purposefully select participants that were best equipped to answer the research questions (Creswell, 2009:125). In qualitative research, the **sample size** is often not determined prior to the data collection, as qualitative researchers often continue with data collection until they are certain that no new information is obtained. Therefore, the sample size for this study was determined by data saturation where the sample matured until it

reached a point of information being repetitive (Grinnell, Williams and Unrau, 2010:162).

Semi-structured interviews as the **method of data collection** for both sample groups was viewed to be the most desirable, as it provided the researcher with a framework from which specific information related to the research problem and goals could be obtained, while permitting new ideas to be created during the interviews. It also ensured a framework that would respect the privacy of participants (Cohen, Manion and Morrison, 2007:270).

The **method of data analysis** for the data obtained from both samples was analysed and interpreted based on Tesch's (1990) eight steps for data analysis, as described by Creswell (2009:186). These steps were viewed as a clear framework through which data could be coded and categorised in themes and sub-themes in a logical manner.

Schurink, Fouché and de Vos' (2011:397) description of **data verification** was chosen to ensure the validity of the research findings. According to this description, the researcher included the following aspects in the verification of the qualitative data: credibility/authenticity, transformability, dependability and conformability.

In the present study, the following **ethical considerations** were taken into account to safeguard all participants and the data collection process: do no harm, informed consent, confidentiality, anonymity, beneficence, debriefing of participants and management of information, as described by Strydom (2011:126), Babbie (2007:65), Kumar (2014:212), and Bless, Higson-Smith and Sithole (2013:143).

1.7 OUTLINE OF THE THESIS

Chapter 1 provides a description of the background of the study and rationale for studying domestic violence in the South African context, with a specific focus on young adults who were exposed to domestic violence as a child. Included in this chapter is the theoretical framework and research problem from which the study will be conducted. The research questions, goals and objectives are also presented, as well as a summary of the chosen research methodology, which will address the research problem and questions.

Chapter 2 is dedicated to an in-depth description of the research methodology and the implementation thereof. The limitations experienced during the research process will also be described.

Chapters 3 and 4 presents the findings together with a literature control.

Chapter 5 concludes the study with a summary of the research methodology and findings, as well as conclusions, recommendations and suggestions for future social work practice.

CHAPTER 2

IMPLEMENTATION OF THE RESEARCH METHODOLOGY

2.1 INTRODUCTION

The focus of this research study is on: 1) current social work services to child victims of domestic violence, 2) the recollections of young adults who experienced domestic violence during childhood, and 3) suggestions for social work practice to contribute to effective and relevant service delivery to children who are exposed to domestic violence. This focus is based on the literature review presented in chapter 1, which provided the background to this study. The research problem that emanated from the background description and that formed the foundation of the present study, together with the chosen research methodology to address the research problem, was also discussed in chapter 1.

In line with the focus of this study and in order to address the research problem, the following research questions directed the data collection process: How do social workers support young adults who as children experienced domestic violence? What are the experiences of children regarding domestic violence as recollected by young adults who experienced it as children? How should the social work profession support children who experience domestic violence?

The goal of this study, from the perspectives of social workers rendering child and family welfare services, is to explore and describe the social work services rendered to children who are exposed to domestic violence and to develop an in-depth understanding of the experiences of children regarding domestic violence, as recollected by young adults who experienced domestic violence as children. It was envisaged that the findings would generate suggestions for social work services to child victims of domestic violence.

In order to ensure the validity of the qualitative data in terms of applicability and consistency, an in-depth description of the implementation of the research

methodology is needed (cf. Schurink et al., 2011:419). This chapter will therefore provide a thick description of the implementation of the research methodology, which will be verified by literature.

The next section provides a description of the research methodology that was implemented to assist the researcher in addressing the research problem, answer the research questions, and attain the aims of the research.

2.2 RESEARCH METHODOLOGY

Research methodology refers to the approaches, methods and techniques that the researcher uses to obtain data in a scientifically sound manner (Kumar, 2014:195). Figure 1 below depicts the methodological process that was followed in this qualitative research study.

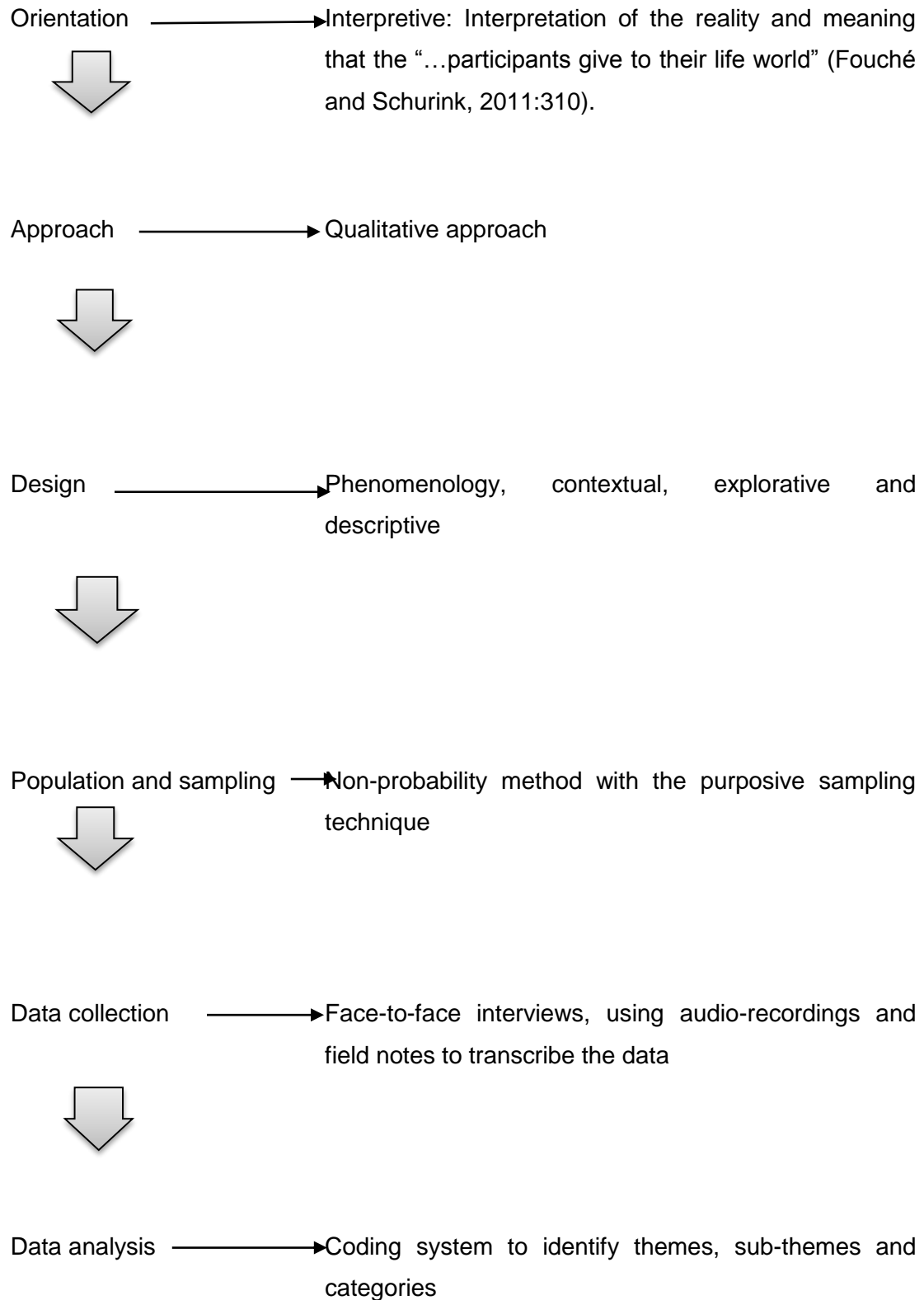


Figure 1. Methodological flow of the study

In order to obtain data to explore social work services to children exposed to domestic violence and the recollections of young adults regarding their experiences of domestic violence during childhood, this section provides a description of the research methodology for this study in terms of the research approach and designs, the population and sampling, as well as the methods of data collection and analysis.

2.2.1 Research approach

The present study followed a qualitative research approach, which was identified by the researcher as the most suitable approach for this study as the identified goal was to explore answers to the research questions and to describe these answers from the perspectives of those involved in the specific situation/context of domestic violence (Ivankova, Creswell and Plano Clark, 2007:255). In further support of this choice, Leedy and Ormrod (2013:94-97) explain that the qualitative researcher seeks a better understanding of complex situations from the participants' point of view. Thus, the perceptions, experiences and practices of the people in the context (i.e. social workers rendering child and family welfare services and young adults who were exposed to domestic violence during childhood) were explored in order to gain more insight and to provide a framework for the conclusions and recommendations. This choice was therefore based on the explorative nature of this study, as well as on the following relevant characteristics of the said approach, as described by Creswell (2009:175-176) and Denzin and Lincoln (2011:8):

- It emphasises the qualities of entities, processes and meanings that are not experimentally examined or measured in terms of quantity, amount, intensity or frequency. In this present research study, the researcher explored and described the nature of child and family welfare services to child victims of domestic violence, as well as the meanings that young adults who have been exposed to domestic violence during childhood attach to their childhood experiences and their suggestions for social work support.
- The use of the non-probability sampling method and the purposive sampling technique ensures that data is obtained from an insider's perspective. The

participants in this study were selected based on practical experience in the field of child and family welfare services and young adults' lived experiences during childhood, and therefore, based on their ability to answer the research questions effectively.

- The qualitative data focused on finding answers to the research questions.
- Qualitative research uses inductive analysis of the data and the development of a creative synthesis. The experience in practice of social work participants regarding services to child victims of domestic violence, together with the recollections of young adults regarding their experiences of domestic violence during childhood was described by means of a scientifically sound analysis process, which enabled the researcher to develop a creative collective storyline to answer the research questions.
- Qualitative research includes the practice of empathic neutrality and mindfulness through verification of the qualitative data. In this study, the chosen framework ensured that the qualitative data was verified, which assured an objective description of the findings.

In order to support the implementation of the qualitative research approach, the researcher made choices regarding appropriate research designs to utilise. This will be described in the next sub-section.

2.2.2 Research designs

Leedy and Ormrod (2013:85) mention that the research design is a strategy used to solve the research problem. The choice of design is dependent on the choice of research approach, and must enable the researcher to make decisions regarding methodological methods and techniques that are best suited to answer the research questions. In an effort to decide which qualitative research design(s) would address the research problem and answer the research questions adequately, the researcher focused on the research goals, which pointed to the exploration and description of the phenomenon of domestic violence with a focus on the experiences of people within a specific context (i.e. social workers

rendering child and family welfare services and young adults who were exposed to domestic violence during childhood).

With the key focus here on selecting the most suitable research designs for this study, the researcher opted for the phenomenological, contextual, exploratory and descriptive research designs, which are associated with the qualitative research approach. This choice was informed by the literature review, and the reason for choosing these together with the implementation of the designs are discussed below:

- The **phenomenological research design** was considered appropriate here, as it enabled the researcher to obtain data that shed light on the phenomenon of domestic violence. It entailed a systematic reflection on human beings in a specific situation (Orleans, 2011). This research study firstly explored the viewpoints and experiences of social workers that work with children who were exposed to domestic violence. Secondly, it entailed a systematic reflection by young adults who have been exposed to domestic violence during childhood. To ensure that the recollections of the young adults are based on a systematic reflection, the researcher made use of the framework proposed by Groenewalt (2004:6-15) and Trochim (2006) for a structured methodical process. This research design informed the choices related to sampling and the methods of data collection, recording and analysis.

- Monette et al. (2010:219) emphasise that the research findings obtained within the **contextual research design** assist the researcher to explore and describe the research problem within the context in which the participants function (i.e. domestic violence and social work with child victims of domestic violence), and thereby, contribute to a better understanding of the research problem. In further support of this choice, Babbie and Mouton (2009:272) describe the contextual research design as meaningful when the analysis of qualitative data aims to describe and understand the events of a specific population within the concrete, natural context in which they occur. The

researcher here chose this design to assist her with choices related to the population, sampling methods and techniques.

- The **explorative research design** is normally used when the researcher wants to obtain insights into the situation, community, individual or phenomenon (Babbie and Mouton, 2009:271). This design was chosen to assist the researcher to encourage participants to share their experiences regarding the research questions, as well as with choices pertaining to the population, sampling and data collection (Babbie, 2007:88).
- According to Babbie and Mouton (2009:272), the **descriptive research design** assists the researcher to provide a clear overview of a situation related to the research topic and involves a more intensive examination of situations and their deeper meanings, thereby fostering a thicker description of the research topic. The descriptive research design was therefore chosen to compliment the explorative research design in this study and to inform the researcher's choice regarding the methods of data collection and data analysis.

The choices regarding the methods of sampling, data collection and data analysis were based on the choice of research designs. These will be discussed next.

2.3. RESEARCH METHODS

The research methods include methods and techniques related to: the population, sampling, data collection and data analysis.

2.3.1 Population

A population refers to the specific boundaries regarding the participants in a qualitative research study. Within the explorative and contextual nature of this present study, the boundaries determined *who* the people related to the research

topic were. The identification of the population ensured that the possible participants would be able to answer the research question/s (Denscombe, 2008:141). Although the ideal would be to obtain the data from children who are experiencing and witnessing domestic violence, the ethical concerns of obtaining data from child participants had to be considered. In addition, in order to obtain permission from the Department of Social Development to conduct the study, the researcher made an inquiry and was informed that permission would be considered for the inclusion of adult participants, as well as social workers that work with child victims of domestic violence. Based on the systems and social behavioural perspectives that informed the theoretical framework of this study, the selected population is as follows:

- a) Social workers who work with children who are exposed to domestic violence in the Drakenstein Local Municipal Area (i.e. Paarl, Wellington, Hermon, Gouda and Saron) in the Cape Winelands District of the Western Cape, and
- b) Young adults who experienced domestic violence during childhood in the Drakenstein Local Municipal Area (i.e. Paarl, Wellington, Hermon, Gouda and Saron) in the Cape Winelands District of the Western Cape.

This specific geographical area was selected because of its close proximity to the researcher and for ease of access. In addition, the researcher had the support of colleagues in this area to gain access to possible participants. A further advantage was that it included large and small towns.

2.3.2 Sampling

Unrau, Gabor and Grinnell (2007:279) explain that sampling assists the researcher to identify the subset of the population that will be considered for actual inclusion in the research study. The researcher made use of the **non-probability sampling method**, typically associated with qualitative research studies. This method entails that not all the elements will have an equal probability of being included in the sample (Bless et al., 2013:101-105).

Furthermore, the **purposive sampling technique**, typical of the non-probability sampling method was chosen, as it was specifically relevant to this study's explorative and contextual nature, and relied on the researcher's judgement regarding *who* is best qualified to answer the research questions. The criteria used for the inclusion of social workers were as follows:

- Social workers who are
- Registered at the South African Council for Social Service Professions, and
- Employed by the Department of Social Development in the
- Drakenstein Local Municipal Area, who
- Work with children who are experiencing domestic violence.

The criteria used for the inclusion of young adults were as follows:

- Young adults between the ages of 18 and 34 years (i.e. late adolescence and early adulthood as developmental stages of young adults),
- Who have been exposed to domestic violence during childhood (i.e. witnessing or being direct victims of domestic violence), and
- Who received or are receiving social work support services
- In the towns of Paarl, Wellington, Hermon, Gouda and Saron in the Drakenstein Local Municipal Area
- In the Cape Winelands area of the Western Cape.

The recruitment of participants will be discussed under the heading, 'Preparation for data collection' discussed further below.

2.3.2.1 Sample size

For the purpose of this research study, the sample size was determined by data saturation, referring to data collection that takes place until data becomes repetitive, with no more new information coming to the fore. In this regard, Mason (2010) asserts that, although a number of issues can determine the sample size in qualitative research studies, "...the guiding principle should be the concept of saturation". Data collected from the social worker sample became repetitive after

ten interviews. The researcher continued to conduct two more interviews to ensure that no new information was obtained. The sample size for this group was therefore twelve participants. Data saturation occurred after ten interviews with the young adult participants. Likewise, the researcher continued with the data collection process for two more interviews and then concluded the process with twelve participants from this sample.

2.3.3 Data collection

The data collection phase of the research includes the following: the preparation for data collection, the methods that are used, interviewing techniques, data recording, and pilot testing. The sub-sections below provide a description of what these aspects entailed and how implementation took place.

2.3.3.1 Preparation for data collection

The researcher firstly obtained permission to continue with this research study from the Department of Social Work's Research and Ethics Committee, at the University of South Africa, by means of a research proposal, as well as the ethical forms related to this study. Upon approval, she proceeded to obtain permission from the Department of Social Development (see Annexure A) to carry out the research. Following this, she made contact with social workers that work within the field of domestic violence at the Department of Social Development in the Drakenstein Local Municipal District of the Western Cape. These social workers were requested to participate as participants and to act as gatekeepers to provide the researcher with access to young adults who have been exposed to domestic violence during their childhood (Bless et al., 2013:145).

The participants from both populations that met the inclusion criteria were informed of the goals of this research study, the criteria for inclusion, as well as the format and nature of the data collection. They were also presented with a letter of invitation (see Annexure B). In addition to this, the participants were given the opportunity to ask questions and to explore possible risks related to their participation. They were also informed of the ethical practice that would be

followed. Once all their questions were answered, they were requested to sign the informed consent forms (see Annexure C). Arrangements were then be made to conduct the interviews.

2.3.3.2 Methods of data collection

In terms of the explorative research design, the researcher endeavoured to develop an in-depth understanding of social work services to child victims of domestic violence and the experiences of children regarding domestic violence, as recollected by young adults who experienced domestic violence as children, in order to proffer suggestions for social work services to child victims of domestic violence. In this regard, Creswell (2006:56) explains that the researcher obtains individual stories from the participants' personal experiences and contexts.

Typical qualitative data-gathering techniques in qualitative research studies include interviews, focus groups and observations. According to Merriam (2009:88-89), interviews are valuable when exploring the perceptions of others. Face-to-face interviews were therefore considered an appropriate method of data collection to achieve the goals of this study. Corbin and Strauss (2008:27) identify three types of interviews, namely: structured, semi-structured, and unstructured interviews. For the purpose of this study, the researcher opted for semi-structured interviews. It provided her with a framework from which she could obtain information specifically related to the research goals, while allowing new ideas to be brought forward during the interviews.

In this present study, the semi-structured individual interviews were aided by open-ended questions contained in an **interview-guide** (see Annexure D) to collect the data from the participants. The interview guide provided a form of structure, while still allowing for some flexibility. It consisted of guiding open-ended questions to answer the research question, and practical arrangements to ensure the effectiveness of the data collection. It also assisted the researcher to pose questions in the same way during different interviews. Another important

component was to make use of an informal environment where participants felt comfortable and at ease (Turner, 2010:256-257).

The researcher identified the following questions to include in an interview guide for the focus group interviews with social workers:

Biographical information (closed-questions to be able to describe the demographic profile of the participating social workers):

- Age
- Qualification
- Years' experience in social work
- Years' experience working with children exposed to domestic violence

Open-ended questions

- Can you describe the nature of the service you render to children who are experiencing domestic violence?
- Areas to explore:
 - Focus areas of service
 - Methods and techniques that are being used
 - Resources utilised
 - What are the obstacles you are experiencing during service delivery to these children?
 - What do you recommend should be included in the development of social work practice in order to ensure that children exposed to domestic violence receive effective social work support?

The recollections of young adults regarding their experiences of domestic violence during childhood were based on attachment theory. Questions therefore focused on how the domestic violence impacted on their relationships with caregivers and other potential sources of support, their ability to deal with emotions, and their suggestions regarding social work support. The following questions were used to guide the data collection process:

Biographical information

- Please indicate your age: 18-21:_ 22-25:_ 26-30:_ 31-34:_
- Please indicate your gender: Male:_ Female:_
- Please indicate your age at which the domestic violence was experienced:
0-5:_ 6-12:_ 13-18:-
- Please list the members of your household: Mother:_ Stepmother:_
Father:_ Stepfather:_ Brother(s):_ Sister(s):_ Extended family members:
_ Other:_

Questions

- Share with me the nature of the domestic violence that you were exposed to?
- What were your first memories of the violence?
- How did you respond to the violence?
- How did the violence influence you as a child?
- How does the exposure to domestic violence during childhood influence you as an adult?
- How did the different members of your family respond to the violence?
- How did the violence influence your relationship with your family members during your childhood?
- How did the violence influence your current relationship with your family members?
- What kind of support did you receive within the household, and from whom?
- What kind of support did you receive outside the household?
- Can you describe the social work support that you received?
- Can you describe the social work support you needed?
- What are your suggestions regarding social work support for children exposed to domestic violence?

2.3.3.3 Interview techniques

In order to ensure that the research topic was explored thoroughly and without guiding and influencing the responses of the participants, the researcher made use of the following research **interviewing techniques**, as described by Greeff (2011:345-346): Minimum non-verbal responses, encouragement, reflective summaries and probing. These are discussed in more detail below:

- Minimum non-verbal responses: The researcher made use of non-verbal responses, for example: Nodding, to acknowledge that the information was understood and to confirm that the researcher was interested and listening.
- Encouragement: The researcher employed this technique to instil confidence and invite the participants to share their stories with her. This technique was used without guiding and influencing the participant's responses/stories. For example: "That sounds interesting, can you tell me more?"
- Reflective summaries: The researcher made use of paraphrasing the participant's ideas, thoughts and feelings, for example: "So what you are saying is..." This was in order for them to feel understood and to provide them with an opportunity to reflect and open up with more information.
- Probing: This technique was used to deepen the participants' responses to the questions, as well as to increase the richness of the data being obtained, and to provide them with cues regarding the desired level of response. For example: "Can you tell me more about...?" or "What do you mean by...?"

2.3.3.4 Method of data recording

Participants' verbatim quotations are of importance in order to ensure the truth-value of the qualitative data. Both Creswell (2009:179-180) and Merriam (2009:85,109-110) recommend that qualitative data is documented by means of audiotape recordings and field notes. In this present study, the researcher, therefore, made use of both suggested methods to record the qualitative data. The audiotape recordings provided her with the verbatim responses of the participants, while the field notes recorded the non-verbal data (such as facial expressions). The tape recordings were transcribed directly after the interviews

and the field notes were added to the transcripts. The transcripts were used to analyse the data.

Prior to the data collection, the researcher first tested the abovementioned methods and techniques.

2.3.3.5 Pilot testing

Fouché and Delport (2011:73) emphasise the importance of assessing the feasibility of a research study. In this regard, the concept 'pilot study' refers to an initial test of the data collection plan on a small scale (Grinnell and Unrau, 2008:336). Furthermore, Bless et al., (2013:184) refer to a pilot study as the testing of a small sample prior to commencing with the data collection process to determine if the methodology, sampling, questions and analysis for the intended study are adequate and appropriate. The researcher made use of 'pilot testing' to ensure that the questions described under the heading 'data collection' would assist her to describe the recollections of young adults regarding their experiences of domestic violence during their childhood, and receiving of social work support. She conducted semi-structured interviews with two persons who adhered to the criteria for inclusion from both population groups. The data was recorded and analysed, and thereafter discussed with her study supervisor. During this time, it became apparent that the method of data collection and identified questions did indeed assist her to answer the research questions of this present study. Therefore, no amendments were required.

2.3.4 Method of data analysis

Qualitative data analysis is "...the activity in making sense of, interpreting and theorising data" (Schwandt, 2007:6). The method of analysis should provide the researcher with a framework to bring a form of order, structure and meaning to the quantity of the collected data (Schurink, Fouché and de Vos, 2011:397). The researcher made use of the eight steps proposed by Tesch (1990, in Creswell 2009:186) for qualitative data analysis for both sets of data. These steps provided her with a framework to analyse the data in a structured and systematic

manner. The themes and sub-themes that emanated from the data analysis were in turn compared with the literature (Creswell, 2009:186). The eight steps used for the data analysis are indicated below:

- 1) The researcher formed an overall picture obtained by carefully reading through all the transcripts and making notes of the ideas that emerged.
- 2) The first transcript was then selected and read once more. The researcher asked herself: "What is this about?" Thoughts were plotted in the margin.
- 3) The rest of the transcripts were overviewed by working in the same way. Next, a list was made of all the topics indicated in the margin. Similar topics were grouped together into columns, which consisted of main themes and sub-themes.
- 4) The list of themes and sub-themes were returned to the transcripts. Codes were given to the topics and sub-topics were added along the appropriate segments in the text. At this stage, new/hidden topics or codes were also identified.
- 5) The most descriptive wording was selected and used for the themes. Similar topics were sub-themed under the relevant theme and categories were identified under sub-themes.
- 6) A final decision was made regarding which themes, sub-themes and categories to be included.
- 7) Corresponding data was placed under each theme, sub-theme and category.
- 8) The themes, sub-themes and categories were then discussed and described.

Both the researcher and an independent coder followed the steps indicated above. Following the analysis, the researcher, supervisor and independent coder formed a discussion panel to finalise the themes, sub-themes and categories that answered the research questions.

The researcher also took note of the verification of the qualitative data to ensure the validity of this study. The aspects that were considered will be discussed in the next section.

2.4 METHODS OF DATA VERIFICATION

Data verification in qualitative research focuses on the trustworthiness of the findings or results of a research study. It is also based on the consistency of the research methods used and provides an accurate representation of the population being studied (Thomas and Magivy, 2011:151). A challenge in qualitative research is that qualitative research studies do not make use of the traditional criteria for validity of research, namely, internal and external validity, reliability and objectivity. Guba's model for the verification of qualitative data (cited in Krefting, 1991:214-222) was designed to use as a framework to ensure the validity of a qualitative research study. The methods for data verification in this model are: truth-value, applicability, consistency and neutrality. Schurink et al., (2011:429) adapted this framework. The methods used for data verification according to the latter framework are: credibility, transferability, reliability and conformability. The researcher made use of the latter methods to validate the qualitative data in this study:

- 1) Data must be verified on the basis of credibility/authenticity. The researcher must demonstrate that the participants' perceptions match the description of the data as provided by the participants. It therefore entails that the findings should be a true reflection of the participants' viewpoints. This was ensured by means of the interview guide and interviewing techniques and the methods of data recording and analysis. The use of the transcribed interviews ensured that the recollections of the participants informed the synthesis drawn from the qualitative data. In addition, an independent coder ensured that the data analysis was based on the actual data and not on the researcher's own perceptions and interpretations. Furthermore, triangulation of data sources added to the truth-value of this study. Triangulation in qualitative research studies

entails that data from different sources or through different methods are reviewed to “...achieve a more accurate and valid ...result” (Oliver-Hoyo and Allen, 2006:42).

- 2) Data must be verified on the basis of transformability. The researcher must take the responsibility to ask whether the findings of the research study can be transferred to other applicable studies. Schurink et al. (2011:420) explains that this is a ‘problematic’ aspect in qualitative research studies, and that the qualitative researcher should take special note of this aspect. The researcher provided a thick description of the methodology that was utilised in an effort to enhance the transformability of this study.
- 3) Data must be verified based on dependability. The dependability of a qualitative research study is based on a logical and well-documented research process. It means that the research process and applied methodology must be clearly and expansively documented. The researcher ensured that the methodological process was well described. She also did a literature control once the data was analysed.
- 4) Data must be verified based on conformability. This construct refers to the neutrality of the findings. Therefore, the researcher must provide evidence that supports the findings and interpretation of the study. The transcripts, field notes and analysis by the independent coder assisted the researcher in this regard. In addition, the researcher did a literature control to further verify the findings.

The ethical considerations for this study is provided in the next section.

2.5 ETHICAL CONSIDERATIONS

In social research studies, ethical conduct refers to the adherence of a code of principles that guides interpersonal contact during data collection (Walliman, 2006:148). The use of ethical practice in this social work study will be aimed at ensuring that standardised procedures of conduct are employed in terms of the

protection of the participants in the study. In this regard, Gravetter and Forzano (2015:60) note that the desired result of these procedures is that the distinction between right and wrong is made in terms of the protection of humans that participate in the study. Annexures B (i.e. invitation to participate), C (i.e. informed consent form) and E (i.e. contract with the social worker who was available to debrief participants) indicate how the researcher applied the mentioned ethical aspects. In addition, the researcher is a social worker, registered at the South African Council for Social Service Professions (SACSSP) in accordance with Act 110 of 1978 (Republic of South Africa, 1978), and thus held to a professional code of ethics. Her social work experience therefore served as a guide to ensure the dignity, safety and privacy of the participants.

The ethical considerations are listed below, together with a discussion of how the considerations were managed by the researcher.

2.5.1 Do no harm

The social researcher can limit harm to participants by conducting interviews in a private environment at a time that is convenient for the participants. In addition, the participants must be made aware of the possible risks and advantages of participation. The researcher can minimise the risk of harm by ensuring that all participants have access to a social worker for debriefing, should the interview cause any distress (Babbie, 2007:27). During this study, the researcher also took the necessary steps to safeguard the privacy of the participants by carefully selecting the time, venue and content of the interviews, so as not to cause deliberate harm. In addition, all participants were assured of their safety. The following aspects related to this ethical issue are discussed below: informed consent, anonymity, confidentiality and debriefing.

2.5.2 Informed consent

Participation in a research study must be voluntary, as well as based on an awareness of the nature of the study and the possible risks involved (Babbie, 2007:64). The researcher must make sure that no pressure is placed on

participants and that written informed consent is obtained prior to collecting the data (Kumar, 2014:212). The participants received all the necessary information related to this study, before they were requested to participate. The researcher presented this information by means of an invitation letter (Annexure B) and an introductory interview. Once a possible participant agreed to participate, he/she was requested to sign an informed consent form (Annexure C).

2.5.3 Confidentiality

This aspect relates to the issue of anonymity discussed above. The personal information and contributions of the participants must be kept confidential. Babbie (2007:65) advises that the participants must not be identified in any way in the research documents. Confidentiality was addressed in the same way as described above under the title “anonymity”. In addition, the personal information of the participants was only made available to the researcher’s supervisor, and all documents containing personal information was stored in a safe place.

2.5.4 Anonymity

Bless et al., (2013:143) advise that participants’ personal information and contributions to a research study must be treated with care - each individual’s response, participation and identity is to remain anonymous in the research document. The identities of the participants were safeguarded through the use of code words, instead of using their actual names on the transcripts. The data was also presented in such a way that the information presented cannot be linked, directly or indirectly, to individual participants. The researcher, by means of the analysis process, attempted to develop a collective storyline that represents all the participants’ stories.

2.5.5 Beneficence

Strydom (2011:121) emphasises that compensation is not a wrong practice, especially when carrying out longitudinal studies over a number of years, so as to keep participants involved in the follow-up sessions. The important concern regarding compensation is that the incentive should not be the only reason for

participating in the study. However, for the purpose of this research study, no compensation was given and all involvement was voluntary.

2.5.6 Debriefing of participants

In qualitative research studies, debriefing sessions must be made available so that participants have the opportunity to reflect on their experience, ask questions, and resolve misconceptions (Strydom, 2011:122). In addition, the participants must be made aware of the possible risks, as well as advantages of their participation. Should participants be upset in any way during the data collection process, the researcher must refer them to a professional person for debriefing (Babbie, 2007:27). Debriefing sessions are viewed as the ideal time to complete the learning experience, which started with their consent to participate. Researchers must rectify any confusion that may have ascended in the minds of the participants after the completion of the project (Strydom, 2011:122).

An arrangement was made with a social worker to be available for support and debriefing, should the participants in any way be upset by the interview or should he/she request such support. This aspect formed part of the permission that was obtained by the Department of Social Development (Annexure A). In addition, the Department was asked to provide clear guidelines in this regard, as well as to provide authorisation for the social worker that will be involved in the support/debriefing. Participants were also informed that they could withdraw from the research project at any stage.

2.5.7 Management of information

Management of information in social research refers to the process of controlling the information during the course of a research project and is an integral part of the research process. It refers to how data will be stored and protected, and is also related to the issue of dissemination of research results, which will be discussed below (Strydom, 2011:126).

The researcher secured tape recordings, field notes and transcripts in a safe place where only she had access. She ensured anonymity, as the names of participants were not written on any of the tape recordings, field notes and transcripts. Numbers were allocated to the participants to hide their identities. The list containing the real names of the participants with the allocated numbers was stored with the informed consent forms in a separate secure location. The researcher did not provide the identities of participants to other persons who had access to the tape recordings, field notes and transcripts (e.g. supervisor and independent coder). Upon completion of the research, the tape recordings and transcripts will be destroyed.

The limitations identified and experienced during this present research study will be presented next.

2.6 LIMITATIONS OF THIS STUDY

Limitations are restrictions that prevent the progress of the study; they are also predictable. Even so, the important thing is how the researcher addresses each limitation. The researcher experienced a number of challenges during the process of recruiting the participants as well as during the actual data collection phase of the research. These challenges are identified and explained below.

- The researcher experienced difficulties in obtaining participants for this research project due to the sensitivity of the topic, and therefore, potential participants hesitated to participate.
- Language barrier was an obstacle faced in conducting interviews as English was the second language of all of the participants and it took them longer to answer the questions, and express their true stories and experiences.
- The social workers that were identified as participants were not always available for the scheduled interviews due to unforeseen work commitments.

- The preconceived ideas held by the social workers concerning the topic proved to be an obstacle, delaying the interview process because they could not express their true reflection of the social work services rendered to their clients.
- The findings of the study do not represent the views of all social workers in South Africa, because only Social Workers employed at the Department of Social Development in the Cape Winelands Region were interviewed.

2.7 CONCLUSION

This study made use of a qualitative approach. Two sources of data included two populations, namely: social workers who work with children who are exposed to domestic violence and young adults who experienced domestic violence during childhood. The purposive sampling technique provided access to participants that were able to answer the research questions the best. Data was collected by means of semi-structured interviews and data analysis entailed the identification of themes, sub-themes and categories that provided a written picture of the perceptions and experiences of the participants.

This chapter provided an overview of the research methodology that was employed, together with a description of the procedures that were implemented to collect, analyse and verify the data obtained from the participants. It also reflected on the ethical considerations and the limitations experienced during this research study.

The following chapter will provide the reader with a description of the biographical profile of the participants and the research findings, together with a literature control.

CHAPTER 3

FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

Domestic violence is the wilful intimidation, physical assault, sexual assault, and/or other abusive behaviour as part of a systematic (i.e. family) pattern of power and control. There are no cultural, socio-economic, political, religious or educational boundaries to domestic violence. This means that one cannot determine who at-risk groups are. In addition, the frequency and severity of domestic violence varies, as does the impact thereof (National Coalition against Domestic Violence, 2015). In their research, Bagshaw, Brown, Wendt, Campbell, McInnes, Tinning, Batagol, Sifris, Tyson, Baker and Fernandez Arias (2010:1-12) report on the impact of domestic violence on children. They compared female violence against males and male violence against women, and identified significant differences. Furthermore, they noted that there are statistically more female victims being reported, and that most female victims of domestic violence are mothers. This means that children are put at risk by default, resulting in "...significant negative impacts to their physical, psychological, emotional, social, behavioural, developmental and cognitive well-being and functioning" (The Benevolent Society, 2011:1). In order to effectively address the influence of domestic violence on these children, Devaney (2015:79) asserts that our contextualised understanding of the experiences of these children and the impact on their later life (e.g. young adulthood) should be explored. In line with this statement, this present research study aimed to explore and describe the experiences and recollections of young adults who were exposed to domestic violence within the family structure during childhood.

The researcher studied the phenomenon of domestic violence in the South African context, and specifically focused on the region of the Western Cape. Firstly, the impact on children exposed to domestic violence was emphasised, and secondly, the influence/impact of the exposure during young adulthood was

highlighted. This study adopted a qualitative research approach and made use of the phenomenological, contextual, explorative and descriptive research designs to assist the researcher with a framework from which to implement the research methods (see Chapter 2). The research participants were drawn from two population groups, namely, social workers who work with children who are exposed to domestic violence, and young adults who experienced domestic violence during childhood in the Drakenstein area of the Western Cape. The purposive sampling technique was used to draw the sample, and semi-structured interviews were used to collect the data. Semi-structured interviews were conducted with 14 participants. The data was analysed by means of the qualitative data analysis framework described in Creswell (2009:186), through which themes, sub-themes, and categories were identified.

The findings based on the data obtained from the young adults will be discussed in this chapter, while the findings based on the data obtained from the social workers will be discussed in the next chapter. The following sections will provide the demographic profile of the participants and main findings.

3.2 FINDINGS RELATED TO DATA OBTAINED FROM YOUNG ADULTS

This section focuses on the biographical information of the young adults who participated in this study, as well as a description of their experiences of domestic violence during their childhood and the impact it had on them.

3.2.1 Biographical information

Eight young adults participated in this study. Data saturation was detected after six interviews, after which two more interviews were conducted to ensure that no new information came to the fore. The biographical information of the young adult participants is presented in Table 1 below, where after this information will be discussed and compared with existing literature.

Table 1 Biographical details of participating young adults

Participants		1	2	3	4	5	6	7	8	Total
Age	18-21								X	1
	22-25	x			x		x			3
	26-30							x		1
	31-34		X	X		x				3
Gender	Male					x	x		X	3
	Female	x	X	X	x			x		5
Age of exposure to domestic violence	0-5									
	6-12	x		X	x	x				4
	13-18		X				x	x	X	4
Members of household	Mother		X	X	x	x	x	x	X	7
	Stepmother									
	Father				x	x	x	x	X	5
	Stepfather		X	X						2
	Brothers	1	1		1	1	1	1		6
	Sisters	2	1	1		1		1	1	7
	Extended family members									
	Others	Foster mother & father								1

In terms of the context of the study, the Drakenstein Local Municipality has a total population of 251 262 (Statistics South Africa, 2011). The largest racial group is the so-called coloured group, while the black racial group is growing. The increase in population growth is influenced by seasonal work on local farms, and people seeking better job opportunities in the Western Cape. All the participants in this study were from the dominant (coloured) racial group.

Five females and three males participated in this study. This is in line with the report by Bagshaw et al. (2010:1-12) that more females are exposed to domestic violence than males. Additionally, the Centre for the Study of Violence and Reconciliation (2016:6-7) reports that an average of 24.6 percent of South African women have been exposed to some form of domestic violence, and 45 percent in the Western Cape have been victims of domestic violence.

The participants in this study were between the ages of six and eighteen when they were exposed to domestic violence. It should be noted that the first memory of the violence in the household was identified and described, and that the ages therefore do not represent the exact ages of exposure. Children exposed to violence and threatening situations are challenged to reach psychosocial developmental milestones. Between the ages of six and twelve, signs of unhealthy development include an inability to participate (i.e. observer due to fear of failure), questioning own ability and worth, and an inability to test new skills. This results in expressions of inferiority. During adolescence (13 to 18 years), exposure to threatening environments (i.e. domestic violence) can result in expressions of identity confusion, which is characterised by a lack of self-confidence or hostility to authority, and a tendency toward self-rejection based on low self-esteem (Newman and Newman, 2012:69-72).

The young adult participants were between eighteen and twenty-four years of age. This developmental phase is characterised by profound changes and challenges. Adulthood is a time of exploration, when people try to understand themselves as well as find their place in the world (Gangi and Kotlerba, 2017:157). The participants of this study witnessed and experienced domestic violence during childhood, which (as indicated above) has an impact on their self-confidence to explore and self-esteem, therefore influencing their understanding of what their potential place in the world should be.

When interpreting the findings of this present study, one has to be aware of what characterises normal development during young adulthood. Huberman (2015) describes the development of young adults in terms of the following areas:

- *Physical development* of the young adult underlines the process of physical maturation until the attainment of full adult height is achieved. During young adulthood, the person is therefore fully developed and should be healthy and fit to work. However, stress and trauma can produce physical problems, such as high blood pressure, cardiac problems, etc. Additionally, childhood exposure to domestic violence can cause long-term physical problems affecting their physical well-being (Moffit, 2013:2).
- *Cognitive development* includes the transition into adult roles and responsibilities, and the acquisition of knowledge and skills towards employability. For instance, they may learn a trade and/or pursue higher education. They also become aware of their own strengths and limitations. The influence of domestic violence on psychosocial development during childhood could lead to a lack of self-confidence, which then negatively impacts cognitive development during early adulthood.
- *Emotional development* requires that most young adults move into adult relationships with their parents and the peer group becomes less important as a determinant of behaviour. They feel empathetic and have greater intimacy skills. Exposure to domestic violence during adolescence could have a negative impact on identity formation, which then impedes emotional development during early adulthood. This could also influence the way the person interacts with their spouse and children.

Table 2 below summarises the themes, sub-themes, and categories of the findings.

Table 2 Findings pertaining to young adults' recollections of domestic violence during childhood.

Themes	Sub-themes	Categories
Theme 1: The first memories of domestic violence		
Theme 2: The nature of the domestic violence	Sub-theme 2.1: Emotional abuse	
	Sub-theme 2.2: Witnessing physical abuse between parents	
	Sub-theme 2.3: Participants' descriptions of their own abuse	
	Sub-theme 2.4: Contributing factors to domestic violence	Category 2.4.1: Substance abuse
Theme 3: The influence of domestic violence	Sub-theme 3.1: Emotional influence	
	Sub-theme 3.2: Social influence	
	Sub-theme 3.3: Responses to the domestic violence	Category 3.3.1: Family members' responses to the domestic violence
		Category 3.3.2: Efforts to intervene
		Category 3.3.3: Withdrawing
		Category 3.3.4: Engaging in violent acts
	Sub-theme 3.4: The influence of domestic violence on relationships with family members	
Theme 4: Support received or not received	Sub-theme 4.1: Support received or not received within the household	
	Sub-theme 4.2: Support received or not received outside the household	Category 4.2.1: Social work support received or not received
		Category 4.2.2: Social work support needed

Theme 5: The influence of exposure to domestic violence during childhood on the young adult	Sub-theme 5.1: A lack of trust, fear, anger and aggression	Category 5.1.1: Unresolved anger
		Category 5.1.2: Substance abuse, gangsterism and crime
	Sub-theme 5.2: Influence on self-worth	
	Sub-theme 5.3: Influence of domestic violence on current relationships	Category 5.3.1: With family members
		Category 5.3.2: New relationships
Theme 6: Suggestions regarding social work support for children exposed to domestic violence	Sub-theme 6.1: Services for parents	
	Sub-theme 6.2: Services for children	
	Sub-theme 6.3: Community awareness	

The findings are presented below in the form of a discussion, verbatim quotations from the participants, together with a literature control.

Theme 1: The first memories of domestic violence

This theme describes the **age and developmental stage** of the participants when they were exposed to domestic violence and a recollection of their memories when they first became aware of what was taking place in their household.

The participants identified primary school and adolescence as the developmental stages during which they became aware of the domestic violence that took place in their homes. It is important to note that they were reflecting on their first memories. The domestic violence therefore could have taken place during an earlier developmental stage. The following statement highlights the fact that one of the participants could identify the developmental stage during which she

became aware of the domestic violence: *“I remember I was in primary school, and my first memories were between 10 and 11 years old”*.

The mentioned ages (10 to 11 years) represent the schoolchild developmental stage. According to Erikson’s psychosocial theory, children in the earlier life stages are primarily influenced by their relationship with their parents and family members. During the schoolchild stage, the child’s relationship with their parents, peers and the neighbourhood becomes influential. Within these relationships the child must master a sense of achievement and experience recognition. Through this, he/she experiences feelings of pride, which leads to self-efficacy. This indicates the movement towards independence during adolescence. Rejection and loneliness seriously harm the mastering of this stage, resulting in a sense of incompetence and a fear of failure. Depending on their experiences during this stage, the child either feels effective or inadequate (Newman and Newman, 2012:292-312).

The participants also reported that they became aware of the domestic violence during the stage of adolescence. During this stage the peer group becomes more and more important as the adolescent moves towards independence. The development of identity and clarification of gender roles are influenced by experiences within the family during earlier developmental stages (Newman and Newman, 2012:292-312). One participant described how his mother’s (the victim of the abuse) needs became a focus during adolescence. He also explained that he was not emotionally ready for this responsibility:

“I was still young, 13 years, but I could feel her [mother’s] pain. She used to share deep emotional issues with me and I felt that she trust[ed] me, although I was just a child”.

The nature of the domestic violence experienced is described next in the following theme.

Theme 2: The nature of the domestic violence

Through the following statements the participants described domestic violence as a **way of life** during their childhood:

“Domestic violence was part of our household for a very long time”.

“Me and my brother witnessed all these upsetting situations and incidents on a daily basis”.

“This terrible domestic violence happened every single day of my young life”.

“There were so many incidents which I can remember, because domestic violence was part of our lives”.

“My father had a short temper and he didn’t tolerate any nonsense. So any conflict in the house ended up with fights, blood, and police interventions”.

The latter description reflects long-term exposure to violence and a hostile atmosphere in the home. Abramsky, Watts and Garcia-Moreno (2011) support this description and emphasise that the short temper of a father (hostile attitude) forms part of domestic violence. These authors therefore identifies a **link between physical and emotional violence**. This was confirmed by one of the young adult participant’s as follows:

“I can say with confidence that physical and emotional abuse occurred on a daily basis in my family house”.

Confirming the above description, Tshiguvho et al., (2008:10) conducted a study on the nature of domestic violence in South Africa and found that domestic violence occurs on a daily basis over a period of several years.

The sub-themes below illustrate the participants' recollections of the nature of domestic violence in terms of emotional abuse, witnessing physical abuse and being abused themselves, as well as perceived factors contributing to domestic violence.

Sub-theme 2.1: Emotional abuse

Some participants explained that one parent was emotionally abusive, while other participants' descriptions point to emotional abuse practiced by both parents. When discussing emotional abuse by one parent, the father was identified as the perpetrator.

"He [father] called her [mother] all kinds of bad and degrading words".

"My stepfather used to swear at and insult my mother".

The WHO (2012:1) acknowledges that both women and men can be perpetrators of domestic violence, although in most reported cases men are primarily the perpetrators. In cases where women are the perpetrators it is usually a matter of self-defence against an attack. Regarding emotional abuse by both parents, the following statements highlight this as a **communication pattern** within the household.

"My parents used to swear at each other. I cannot remember one good conversation between them".

"They [parents] insulted and always blamed each other for the bad behaviour and the reason for all the trouble in the household".

"I heard a lot of swear words, insults, and positive words were never shared between family members".

“Negative words and swearing were accepted as being normal and a must when communicating in the house”.

The above descriptions show that the communication style in these households were forceful in nature, implying that aggression was used to force family members to comply and maintain control (Ishak and Ballard, 2012:9).

The following statements support the aforementioned **link between emotional and physical abuse**:

“I was mostly exposed to physical and emotional abuse between my parents”.

“He [father] smacked her [mother] in her face and used degrading words like she is useless and a disgrace for the family”.

“Every night when everybody was home my father found fault with everything in the house or stuff we were doing. If my mother talked back, that was the start of a very big verbal fight and later the physical fights”.

“He [father] provoked my mother in such a way that she had to talk back to protect herself, but that was always when my father started to smack her in her face or push her around in the house”.

Sub-theme 2.2: Witnessing physical abuse between parents

This was also touched on in the previous sub-theme, when the participants distinguished between one or both parents participating in the physical violence (cf. Abramsky et al., 2011; WHO, 2012:1).

“I was exposed to physical abuse between my parents”.

“I observed a lot of fighting, beatings and swear words when my parents had their regular fights; especially when they were under the influence of alcohol”.

“As I mentioned, this emotional abuse happened on a daily basis and I think my mother became fed-up and this specific afternoon my mother took a scissor and stabbed my father all over his body. My mother screamed, called my father all kinds of bad names. My mother was uncontrollable that day”.

Reflecting on one parent being the victim of domestic violence, the young adult participants recalled the danger this parent faced and his/her powerlessness. This is supported by Filson, Ulloua and Runfola (2009:9) who found that female victims of domestic violence are more likely to feel powerless, and that the more powerless they feel, the more intense the level of violence becomes. The participants recalled this aspect as follows:

“My mother was powerless and helpless, because my father was so physically strong”.

“My father was under the influence of alcohol and tried to drive over my mother with his ‘bakkie’ [vehicle]”.

“He [father] beat her [mother] non-stop”.

“I can still remember the one incident where my stepfather stabbed my mother with a knife and the room’s floor was full of blood”.

“The stabbing of my mother was the worst incident I ever witnessed. My mother was admitted at the hospital for medical treatment”.

“My mother was badly assaulted, her face was swollen and blood all over her body”.

With regards to witnessing the physical abuse, the participants also distinguished between hearing and seeing the physical violence.

Hearing the violence: *“All the children were locked up in the room and we could hear the beatings and screaming of my mother”.*

Seeing the violence:

“When she [mother] was on the ground he continued with the fighting. The worse for me was the fact that everything happened in front of me and my sister”.

“It all happened [first time participant can recall being aware of domestic violence] at the back of a bakkie one Friday evening on our way home from friends of my parents. It was raining and my father started an argument with my mom and started to hit her in her face very hard and she started to cry. I was scared and wanted to jump off the bakkie that evening, because my father had an evil look in his eyes and continue to yell at my mother”.

“When I was about 12 years old my father mentioned the incident [where participant was injured because mother was intoxicated] and became so angry, because my mother left us [at] home and went with her friends to drink. When she came home, my father started to shout and scream at her and she just stared at him. My father was so angry and that night I saw how my father fought with my mother. Her blood was all over the room, my mother started to cry and made apologies”.

“I can still remember one Saturday night my father was so drunk and blamed my mother of having an affair. My mother could only say that it was not true. My father stepped closer to her and started to beat her all over her body. I could see that my mother felt powerless and could not defend herself against my father”.

“That day my father also beat my mother so badly that she left home for the whole weekend to seek safety. She took me with her and my sister stayed behind, because she was older and attached to my father. My mother was very confused that day and told me that she wanted to divorce him, but was worried about us because she didn’t want to lose us”.

These participants’ descriptions illuminate the impact of exposure to domestic violence during childhood. Hogan and O’Reilly (2007:7) explain that children’s exposure to domestic violence can take on a variety of forms, i.e. being physically present, hearing the violence, and/or seeing the injuries afterwards. Supporting this viewpoint, Cunningham and Baker (2007:8) note that children often misinterpret the domestic violence because they are present, witnessing the violence without actually knowing what it means. Some misinterpretations include: *“If I behave better it will not happen again.”* Or *“If Mommy does what Daddy says, it will be okay.”*

Sub-theme 2.3: Participants’ descriptions of their own abuse

In this sub-theme the participants described how they and/or their siblings were victims of domestic violence in their households. The following statements describe sexual and physical abuse as the types of abuse that occurred.

“My stepfather raped me from the age of 13 years until I was 18 years old.”

“It seemed as if the difficult family situation and all the violence did not bother her [sister]. She never interfered in the conflict, but always thought that our father [perpetrator of domestic violence] was the best. After a few years I learned that my father sexually abused my sister for a long period and they kept it a secret for many years. I then understood the good relationship they had.”

“My father started beating me too when I tried to protect my mother”.

“My father smacked me when I tried to interfere [referring to an effort to protect mother]”.

The physical abuse was described as a result of the participant's attempt to protect his mother, thus indicating a direct link between the abuse of the child and the occurrence of domestic violence. The United Nations Children's Fund (2012:12) draws a link between domestic violence and child abuse, and stresses the long-term psychosocial consequences of childhood abuse.

The young adult participants provided some insight regarding their understanding of the factors that contributed to the domestic violence during their childhood. This will be described next as a conclusion to the discussion regarding the nature of the domestic violence.

Sub-theme 2.4: Contributing factors to domestic violence

The participants identified financial reasons and infidelity as factors contributing to domestic violence:

“My mother one day decided that she wanted to spoil us and spent R20 000 on us. When we got home my father was under the influence of alcohol and started to hit my mother in the face in front of us. After all the fighting, we realised that my mother spent my father's entire savings without his consent”.

“My mother was involved in a relationship with another man and my father was furious. That specific day my father was drunk and waited for my mother to get home. I knew that something was about to happen, because I never saw my father in such a bad mood. As my mother entered the house, my father started to yell all kinds of swear words at my mother and he started to hit her in her face. He grabbed her and choked her until she turned blue in her face. My father’s behaviour was uncontrollable and I thought that day that my mother will die”.

The above descriptions relate to the findings of Jura and Bukaliya’s (2015:69) study on the causes and implications of domestic violence. They found that poor communication skills results in an inability to manage conflict, which manifests in violent outbursts. Stress and frustration, and the lack of problem solving skills, were also found to be contributing factors. According to these authors, the social learning theory relates well with the identified contributing factors, as it points to the fact that violent reactions to problems and as ways of managing interpersonal stressors are learnt in the community and family of origin.

In this present study, the participants identified substance abuse as the main contributing factor. This will be discussed separately in the category below.

Category 2.3.1: Substance abuse

In this present study, the participants only referred to alcohol as a substance that led to domestic violence. One participant described how both parents abused alcohol on a regular basis:

“Both my parents abused alcohol ever since I could remember”.

Other young adult participants described how the parent who perpetrated the domestic violence abused alcohol, which in their experience contributed to the violence that took place in the household.

“I was exposed to physical abuse and emotional abuse every weekend when my father was drunk”.

“My dad would drink over weekends mainly and when he got drunk he would start a fight with my mom”.

“I could never understand why my father make a fuss of small things when he is drunk, but when he is sober he doesn’t even talk to us”.

Some participants also reported that the parent who was the victim of the domestic violence abused alcohol.

“My sister and I were living with my biological mother and my stepfather. My mother abused alcohol and that was always the cause of the conflicts and fights in the house”.

“He [father] always hit and pushed my mother around when she was under the influence of alcohol”.

Reviews of domestic violence literature show a strong link between substance abuse and domestic violence. These findings are confirmed by statistics of the South African Police Service (2014:9-10) and research documented by Slabbert (2015:665), who confirm alcohol abuse as the primary contributing factor. Abramsky et al. (2011), however, view this as an invalid excuse that cannot be used to justify domestic violence and the consequences thereof.

Following their descriptions of the nature of the domestic violence they experienced during childhood, the participants continued to describe the influence it had on their lives.

Theme 3: The influence of domestic violence

The following statements reveal the destructive consequences of domestic violence on the lives of the participants:

“My life was a mess and just went from bad to worse”.

“I became homeless at the age of 16 years, because my biological parents sold our house and my mother relocated to another province and could not accommodate me with her. I stayed between family members for short periods. I got involved with wrong friends and experimented with drugs. My life changed for the worse. I lost contact with my mother and sister and was all alone and no one to turn to for support. I am still homeless and unemployed. Three years ago I was diagnosed with AIDS because I was involved in homosexual relationships. Such bad decisions, which I regret today”.

In the sub-themes below, the young adult participants described the emotional and social influence of domestic violence on their childhood. They also discussed their own, as well as other family members' responses to the violence, and reflected on how the domestic violence influenced the relationships within their families.

Sub-theme 3.1: Emotional influence

In this sub-theme, the participants expressed deep-rooted emotions that they experienced during their childhood, based on their exposure to domestic violence. They described emotional reactions as a result of **fear and concern** for the safety of the one parent as follows:

“I had emotional outbursts and wanted to protect my mother”.

“I was so afraid of my stepfather and wished he could disappear out of our lives”.

“I was so afraid and thought my father could kill my mother”.

“At the house of the family friend [where the participant fled to] I felt relieved, but also worried about my mother and thought of all the things my father was doing to her”.

The participants reported **depression and suicidal thoughts** as a result of their exposure to domestic violence and linked this to feeling **unloved or unwanted**.

“I cried all the time and was so fed up to stop my parents from fighting”.

“During my teenage years I was diagnosed with depression and medical treatment was compulsory”.

“Most of the times I had suicidal thoughts, because I felt that I was the cause of all the violence between my mother and father”.

“After every fight I went to my room and cried myself to sleep”.

“I felt that my parents were fighting because of me or because they don’t want me anymore”.

“I felt hopeless and thought to myself that my parents did not want me and I am not important to them”.

“I was an unhappy child and felt unloved”.

“I never felt loved”.

“I always said to myself that nobody loves me and that everybody is the same as my parents”.

In line with the above descriptions, Thornton (2014:96) identifies anxiety (i.e. fear), anger and confusion, as well as a general feeling of unhappiness as the emotional outcome of domestic violence on children, which could lead to long-term problems with their emotional well-being, such as depression.

In addition to describing feelings of not being loved or unwanted above, the participants also identified **guilt** as a feeling associated with their childhood. One participant expressed a feeling of guilt because she believed she was the cause of the domestic violence, as follows:

“I was very young when something terrible happened to me. I am the youngest of three children and my father was very fond of me. On this Saturday it happened that both my parents were drunk, but in the house. As I heard from my mother, I was almost two years old, and I grabbed the kettle from the table and the hot water burnt me. According to my mother, that day my father was so angry and started to hit her with his fist in her face. My father accused my mother that she is not fit to be a mother”.

Dropping out of school was identified as a consequence of the emotional influence of domestic violence on the participants.

“I lost interest in my school work and later dropped out of school at the age of 15 years. My parents did not even try to motivate me to complete my school career. They just did not care”.

“I dropped out of school and at the age of 18 years. I fell pregnant with my first child”.

“I was very clever in school, but after witnessing the violence between my parents I suddenly lost interest in my school work. After school I was wondering the streets until late in the evenings”.

“I did not finish school and dropped out of school on at a young age”.

These descriptions align with the emotional influences of domestic violence on children and adolescents identified by Edleson, Ellerton, Seagren, Kirchberg, Schmidt and Ambrose (2007:961–971), namely: self-blame, aggressive behaviour, and school truancy. In addition to these, the authors also identified other influences, such as somatic complaints, regressive behaviours, delinquency, substance abuse and early sexual activity. In their investigation, Stanley, Miller and Foster (2012:192-201) found that children exposed to domestic violence often feel guilt and shame, which has a profound influence on their developing sense of self.

Sub-theme: 3.2: Social influence

The participants' descriptions of the emotional and social influences of domestic violence on their childhood reveals a correlation between these two aspects.

Participants reflected on how they experienced **shame** (cf. Stanley et al., 2012:192), and felt judged by their community. According to Newman and Newman (2012:69-72), acceptance and recognition by one's peers and community is an important aspect of the healthy development of one's identity during adolescence. In this study, the participants reported that **judgement** by their community had a negative social impact on them, as indicated below:

“I was always shy and wondering what the community was thinking of me and our family”.

“As a child I was very shy, because I thought the people in the street talks about our family”.

“As a family we never did things together and we never socialised due to the fact that we all knew what really transpired”.

The latter description points to **social isolation** resulting from domestic violence (cf. Edleson et al., 2007:961–971). This was further elaborated on in their descriptions of how they found it difficult to build friendships because of the domestic violence.

“I never had friends, because I was so afraid that something bad could happen when my friends visit our house, so I decided that I don’t need friends at all.”

“I had a very low self-esteem and I could not express warmth at any body”.

It was also noted that they became involved with **negative peer groups**, which caused further harm.

“I got involved with negative friends and experimented with drugs”.

“I got involved in a love relationship where my boyfriend introduced drugs to me, he physically and emotionally abused me. He forced me to do stuff against my will, but I was afraid to be alone and did everything he instructed me to do”.

“At an early stage in my adolescent years I associate with wrong friends and that led to a reckless lifestyle”.

Sawyer and Burton (2012:19) concur saying that as children grow up in homes where domestic violence occurs, their social functioning and ability to build healthy relationships outside the household are two aspects that are negatively

influenced. A participant reported that the social influence also had an impact on her **self-esteem**:

“I felt that I draw all the negative elements into my life”.

The adolescent developmental stage is influenced by social interaction, acceptance, and the development of one's identity. Reflecting on the participants' responses, this study highlights the negative impact of domestic violence on this aspect of development (Newman and Newman, 2012:69-72). Alho (2015:73) goes further and asserts that the social influence of domestic violence affects the emotional and cognitive well-being of children and adolescents. The link between the social, emotional and cognitive influence of exposure to domestic violence is also confirmed by the United Nations Children's Fund (2012:7).

Sub-theme 3.3: Responses to the domestic violence

In the following categories the participants describe their family members' responses to the domestic violence, as well as that of their own.

Category 3.3.1: Family members' responses to the domestic violence

The participants reflected on the responses of: 1) the parent who experienced the abuse, 2) the parent who acted violently, and 3) that of their siblings. In their description, their mothers' responses indicated a sense of hopelessness and an inability to protect herself. Their statements show that they saw their mothers as soft-spoken and soft-hearted, and that the abusive parent emotionally hurt them.

“My mother was soft hearted and used to cry a lot when my father insulted her like that”.

“My mother was a soft spoken person and she never argued back with my father. My father always accused my mother of doing bad stuff and my mother accepted all the allegations against her”.

The Centre for the Study of Violence and Reconciliation (2016:6-7) reports that women who are victims of domestic violence often act helplessly, based on the controlling nature of the relationship and a lack of self-esteem.

One young adult participant shared how her mother [the victim] lost control at one stage and became the abuser. She explains:

“As I mentioned, this emotional abuse happened on a daily basis and I think my mother became fed-up and this specific afternoon my mother took ‘n scissor and stabbed my father all over his body. My mother screamed, called my father all kinds of bad names. My mother was uncontrollable that day”.

Cunningham and Baker (2007:13) postulate that female victims of abuse may end up finding negative or harmful ways to protect herself and/or her children. This includes substance abuse, leaving the home without the children, or becoming violent themselves.

Another participant reported that her father [the perpetrator] was not influenced by her mother’s emotional reaction. She states:

“My mother’s tears did not stop my father from insulting my mother”.

The stories of these young adults highlight the fact that their siblings were experienced as either being absent or distant during episodes of domestic violence.

“My sisters always left the house when my parents had their fights. They preferred to spend most of their time with their friends and ignore the situation”.

“They [siblings] did not want to get involved or even protect my mother”.

“They [siblings] totally distant themselves from the conflict situation”.

“My brother is an introvert and chose to distance himself from the issues in the family”.

“My brother and sister used to cry a lot and just stayed in their bedroom”.

“They accepted the domestic violence as the norm and even when I acted out in violence they all just acted as if nothing was wrong”.

“My siblings used to flee from the house when my parents started to fight”.

“Over weekends when verbal conflicts, physical abuse and substance abuse were at its worst, my siblings stayed away for the whole weekend”.

Others recollect how their siblings made an effort to intervene, as indicated below:

“My brother was deaf and used to try explain with sign language that our stepfather must stop”.

“My sister constantly asked me to help my mother of seek help, but I was also so afraid”.

The oldest child (whether it was the research participant or a sibling) also felt responsible to intervene, as indicated by the following statements:

“My sister was much younger and she always cried because she didn’t understand the real impact of the incidents. I think she wanted me to protect her, because I was the elder child”.

“My brother used to watch my parents all the time and did nothing, but this one day my brother stood up against my father and they fought with each other like men. I couldn’t believe that, but I understood that my brother was tired of my father’s attitude that he could control everybody and that he was superior”.

Their responses are supported by Cunningham and Baker (2007:9) who identified avoidance and a sense of responsibility towards one’s sibling as an influence of domestic violence on adolescents. Similarly, in a study by Overlien and Hydén (2009:489), the children reported interference and withdrawal as the two main strategies they used to respond to incidents of domestic violence. Devaney (2015:86) points out that these strategies help children cope with their reality. The author distinguishes between emotional-focused coping (managing and reducing stress through withdrawal) and problem-focused coping (e.g. using physical intervention, distraction, or summoning help). Both types of coping were confirmed in the current study and will be discussed further in the next two categories.

Category 3.3.2: Efforts to intervene

In the present study, the participants described how they tried to intervene during episodes of domestic violence and the outcome thereof. The following intervention strategies were reported:

“I would normally get involved and try to help my mother, because she was not able to defend herself against my father”.

“I remember I used to scream, cry and plea for them to stop fighting”.

“I used to cry and plea that my stepfather must stop”.

"I can still remember how I screamed and cried to distract my stepfather to focus on me and my sister. It was a terrible feeling and indescribable".

The following sentences show that they did not achieve the desired effect:

"I always tried to stop them, but they didn't stop".

"We tried to stop the fights, but with no success".

"I shouted at my father to not kill my mother, but he ignored me".

"I was full of anger, but was too weak against my father [referring to not being able to stop the violence]".

"I always planned on how I would fight with my father and make him paid for all the pain he and my mother put me through. But I could not do anything".

"I once tried to help my mother, but I was small and could not stop them".

Category 3.3.3: Withdrawing

One participant associated their withdrawal with fear, as follows: *"I was always very quiet in the household; too afraid I will witness fights again".*

In line with Devaney's (2015:86) view that withdrawal is a coping strategy, the participants described how withdrawing from the situation brought relief and helped them to deal with the stress.

“When I was outside the household, I felt relieved and free of all the stress”.

“I walked away from them and left the house to sit on the roof where I looked over the neighbourhood all alone without any disturbance. The isolation made me feel better and gave me a chance to escape from the fighting in the house”.

“Over years I started to see the space under the bed as my save space where I felt safe”.

Category 3.3.4: Engaging in violent acts

Jura and Bukaliya’s study (2015:69) identified the social learning theory as a way to view the influence of domestic violence on various family members. These authors assert that violent outbursts are learned behaviour within such a household. A participant confirmed this by saying:

“I was full of anger, because I saw my dad always fighting”.

Violent outburst as a reaction/response to domestic violence incidents were ascribed to pent-up anger (cf. Cunningham and Baker, 2007:9):

“The domestic violence created a lot of anger over the years”.

“I was full of anger and could never find a way to release that anger”.

“I used to get involved in street fights and I bullied other children”.

Stanley et al., (2012:192-201) confirm that adolescents tend to express anger as an emotional response to domestic violence. Alho (2015:114) asserts that anger, as a form of learned behaviour, can lead to acts of violence (cf. Jura and Bukaliya, 2015:69) and can also be a symptom of post-traumatic stress disorder

(PTSD). Violent outbursts ascribed to PTSD are described by Alho (2015:213) as an indication of “unbearable levels of tension.”

This sub-theme described the various family members’ responses to domestic violence. The following related sub-theme will look at the effect domestic violence has on family relationships.

Sub-theme 3.4: The influence of domestic violence on relationships with family members

The participants in this study did not report strong family ties, as summarised by the following statement:

“There were no real relationships between our family members. It was all artificial and pretending to be a family”.

However, one participant reported a strong and supportive relationship with her mother (the victim of the domestic violence):

“I had a very strong relationship with my mother; she will always have open conversations with me and motivates me to excel in life”.

Some young adult participants described how they chose to break contact with their fathers (the perpetrator).

“So my relationship with my father was broken by choice”.

“Me and my father lost contact for a few years.”

One participant explained their motivation for breaking contact as follows:

“...witnessing these bad behaviour of my father always made me wonder if he loved my mother and why he did not he leave the family; then there would be peace”.

Other participants expressed feelings of anger towards their siblings for not intervening during episodes of domestic violence. This in turn had a negative effect on the quality of the relationship with their siblings.

“I was angry for long periods [because siblings distant themselves from the situation]”.

“I had a lot of questions, about their behaviour [not protecting the mother], but never had the courage to confront them”.

“My brother resided with friend and chose not to make contact with me or my parents”.

In terms of attachment theory, children exposed to domestic violence experience a lack of safety, which results in two options. Firstly, anxiety, fear, insecurity and lack of protection may lead the child to experience separation anxiety and fear of abandonment, which in turn influences their self-worth. Secondly, owing to the fact that the child/adolescent has to rely on him/herself, they tend to avoid close relationships due to a lack of trust (Godbout, Donald, Dutton, Van Lussierc and Sabourina, 2009:368). According to McVay (2009:10), a lack of self-worth stems from the experience of not mattering to important others and therefore results in an inability to find closeness, based on trust, in their family relationships.

The above discussion on the influence of domestic violence on the participants' childhood and the recollection of their responses lay the foundation for the following theme on received and needed support.

Theme 4: Support received or not received

This theme is presented by two sub-themes that describe the support received or not received within the household where domestic violence took place, as well as support received and/or needed outside of this household.

Sub-theme 4.1: Support received or not received within the household

Similar to the above description on withdrawal as a way to deal with domestic violence (cf. Devaney, 2015:86), this sub-theme highlights the negative influence of **not receiving support**. Here, the participants reflected on their lack of support as follows.

“No one in the household supported me.”

“Nobody supported me, not even my mother comfort me the next day after their fights”.

In line with these statements, the WHO (2012) postulates that many children exposed to domestic violence receive little or no support. They also note that people living in such households (including parents and children) may feel numb and depressed, and are therefore unable to support each other. This was affirmed by one participant who said their lack of support was based on **a lack of trust and poor communication** between family members: *“The communication within the house was bad and nobody trusts each other”*.

However, some participants did acknowledge **support between their siblings**.

“I had a good relationship with my brother and sister and we used to share our feelings and dreams”.

“My sister and I were very close and comforted each other”.

This points to the reciprocal nature of support, where siblings provide emotional comfort and mutual support for each other. Buchanan, Wendt and Moulding (2014:2) emphasise the importance of sibling relationships. These authors assert that supportive relationships between siblings, such as described by the participants in this present study, can provide an important foundation of permanency since these relationships are most likely to “be the longest-lasting relationships most people experience”. In terms of sibling relationships in a household where domestic violence occurs, Kreider and Ellis (2011:70-126) highlight the fact that the mother-child relationship is not the only form of support to moderate the effects of domestic violence. Contrary to attachment theory that the caregiver’s relationship with the child will determine emotional and social well-being, these authors highlight the positive effect of sibling support and indicate that the emotional bond formed between siblings are often overlooked.

These descriptions (on support received or not received within the household during childhood) are linked to the discussion on the influence of domestic violence on the participants’ childhood. Attachment theorists argue that the form of support the child receives from the primary caregiver (the mothers in the case of the participants’ descriptions) determines their socio-emotional well-being, which in turn influences their development (Malekpour, 2007:82). The participants described the **support they received from their primary caregivers (mothers)** as follows:

“Only my mother was concerned about me”.

“Me and my mother stood together and had a great relationship, although we lost everything and had to start all over again”.

“Only my mother was concerned about me and always apologise for my father’s behaviour.”

“Only my mother supported me emotionally and tried in her unique way to comfort and keep me safe. She used to say that everything will get better one day and the family will be happy again”.

Other statements describe a **lack of support by both parents**.

“My biological mother and stepfather accepted everything in the household as normal and didn’t think that we needed any help and support”.

“My father ignored me and my brother”.

In terms of sibling relationships in a household where domestic violence occurs, Kreider and Ellis (2011:70-126) highlight the fact that the mother-child relationship is not the only form of support to moderate the effects of domestic violence.

Sub-theme 4.2: Support received or not received outside the household

The participants identified their **peers and various social structures**, such as the school and church as support systems during their childhood.

“They [friends] used to listen to me and offer that I could spend weekends with them”.

“We received a lot of support from our local pastor and church board”.

“I can remember our family had a good family friend who always availed herself to look after me when my parents were drunk. She loved me as her own child and she was always interested in my school progress. So she was the only person who supported me”.

“My mother’s best friend supported us with accommodation when my mother escaped from home and when my mother did not have finances to provide in our basic needs. This aunty was the one person who gave me accommodation after my mother relocated. She still helps me with food and sometimes with money”.

The participants identified their peers, teachers and church members as external support systems. Peers and community members not only provide support to children exposed to domestic violence, but according to O'Brien, Cohen, Pooley and Taylor (2013:96), these informal structures also provide vulnerable children with safety and protection, models of healthy families, as well as help them to develop healthy coping strategies, which can contribute to resilience in later stages of life. Other community support structures include health care providers, police officers, day-care facilities, and support groups in the community (Bragg, 2003:63). However, one participant noted that the support was welcome but that the extent of the violence and the impact thereof was unknown:

“My school teachers and friends were very supportive, but they did not know the intensity of the violence and the major impact on my life”.

Based on the focus of this present research study, the young adult participants were requested to describe the role of social work support to children exposed to domestic violence. The categories below will provide a description of their lived experiences related to social work support, or the lack thereof.

Category 4.2.1: Social work support received or not received

The following statement summarises one participant’s experience of receiving social work support:

“I did not receive any social work support”.

On the one hand, some participants reported that the family received social work services, but that the domestic violence was not the focus of the services and that the social workers were unaware of the violence. Not informing the social workers was part of the unspoken rules within the family; in other words, they were not to disclose what was happening.

“Social workers were never involved in the situation, although I was a foster care child”.

“We did not receive any real support from a social worker on the topic of domestic violence”.

“Domestic violence or any other problems were never mentioned to the social worker”.

“The social worker was under the impression that everything went well”.

This is in line with unspoken rules in families where addiction to chemical substances is present. In such families the addiction is not discussed and the members of the family know that they are not allowed to repeat this to anyone outside the household (Carr, 2016:1-5). This was confirmed by the participants of this study, where substance abuse was considered the main contributor of domestic violence, they conformed to this implicit family rule.

On the other hand, the participants explained that they were not aware that they could seek social work support.

“I received no social work support, because I didn’t know about their services and where to find them”.

“I was not aware that social workers can deal with such problems and I was not aware of them working in the community”.

“We were the victims of domestic violence, but suffered in silence because we never knew where to seek help”.

“I was not aware of social workers who also could help”.

The importance of long-term and intensive social work interventions for both victims (including the children) and perpetrators of domestic violence is highlighted by Keeling and Van Wormer (2012:1354). These authors also refer to the unspoken rule of hiding domestic violence from social workers. They explain that the victims particularly fear the actions that social workers can take, for instance, removing the children from the home. She therefore does not trust the worker and the organisation.

The participants of the present study explained that social work support was needed. The next category focuses on their descriptions of this need.

Category 4.2.2: Social work support needed

The participants noted that they needed support and identified the types of support they needed. Firstly, they highlighted that they **needed to be made aware** of the availability such services and how to reach out:

“I think if I had more knowledge about domestic violence and where to find help, I would have reached out for help”.

Secondly, they referred to **support that the victim needed**:

“They should have helped my mother”.

Thirdly, they reported that **removal from the household for protection** is one form of service that was needed:

“The social worker could have removed us, or protect us”.

“I also that it would have been better if they removed us out of my mother and stepfather’s care”.

“I always wished someone would take me and my brother away from my parents”.

Lastly, the participants noted that all the family members needed long-term counselling that should focus on the effects of the domestic violence and promote healing (cf. Keeling and Van Wormer, 2012:1354).

“They could have helped me through counselling to deal with my fears and how to deal with the domestic violence as a child”.

“I think the whole family needed counselling so that all of us could heal from the negativity in the family”.

The lack of services received and the lack of awareness of available social services to victims of domestic violence is alarming. The Framework for Social Welfare Services (Department of Social Development, 2013:31) specifically places the emphasis on services to women and children as vulnerable groups in society (cf. Tshiguvho et al., 2008:47) and highlights the importance of services to and within the family as a central unit in communities. Similar to the descriptions of the participants in this study, the mentioned framework proposes that awareness campaigns and information services should be delivered together with services to empower victims to address the influence of the domestic violence on their lives.

In this present study, the participants were young adults who reflected on their experiences of being exposed to domestic violence during their childhood. The next theme focuses on how this exposure continues to affect them during young adulthood.

Theme 5: The influence of exposure to domestic violence during childhood on the young adult

In this theme the on-going influence of domestic violence on the lives of the young adult participants is explained in terms of emotional influences that lead to a lack of self-worth. In addition, they reflect on how their exposure to domestic violence continues to influence their relationships with their family members, as well as new relationships they form.

Sub-theme 5.1: A lack of trust, fear, anger and aggression

In terms of the on-going emotional influence of domestic violence, trust and fear of male persons were reported through the following statements:

“I struggle to trust people, because I think they are like my stepfather”.

“I am afraid of men, because I think that all men are the same and that they must dominate over a woman”.

In category 3.3.4, the participants explained how they themselves engaged in violent acts during their childhood as part of the influence of being exposed to domestic violence. The participants also explained that their ability to deal with anger as young adults is still affected, and that they tend to handle conflict aggressively.

“Whenever I find myself in a conflict situation, I get angry and aggressive towards the next person”.

“I believe that conflict must end up in fights, because my parents did it in front of my all the time”.

Nakra (2014:217), as well as Hague et al., (2011:2) refer to the emotional impact of domestic violence during childhood on young adults. These authors refer to the term 'adult survivors' and note that unresolved fears and anger lead to behavioural problems in adulthood. These behaviours include aggression and is related to Jura and Bukaliya's opinion study (2015:69) that children exposed to domestic violence often learn to deal with conflict through aggressive behaviours, which then informs the way they deal with problems and conflict as adults. The category below elaborates further on their unresolved anger.

Category 5.1.1: Unresolved anger

The participants explained that they are angry about the violence that occurred in their families and that they are still angry with the perpetrator for instigating the violence.

"Sometimes when I think about the past, I experience angry feelings towards my father and blame him for all my pain and suffering in the past".

"I still react with anger when I hear of any form of violence in families".

"I totally distance myself from talks about family and domestic violence problems".

Serving as a possible explanation for the influence of unresolved anger, Hendricks, Bore, Aslinia and Morriss (2013:2) discuss how anger influences the way people deal with problems and note that childhood exposure to violence as a way to deal with anger results in learned behaviour and impedes their ability to solve problems later in life.

Category 5.1.2: Substance abuse, gangsterism and crime

In theme 2, the participants identified substance abuse as a contributing factor to the domestic violence they were exposed to. Discussing how this exposure

influences their current functioning, they conceded that they now also abuse substances.

“I struggle to refrain from drug abuse”.

“I’m trying very hard to be a better person, but it is so difficult to change my life because I’m addicted to drugs”.

“Currently both of my siblings are abusing drugs and find themselves in the same situation as me”.

Hendricks et al., (2011:2) identify substance abuse in the family as a main factor that contributes to substance abuse. Kasundu, Mutiso, Chebet and Mwirigi (2012:8264), however, found that, while substance abuse in the family does play a contributing role, the role of peers and social groups is more influential when it comes to substance abuse in later life. The authors do, however, acknowledge that the association with substance abusing peers could be informed by exposure to substance abuse in the household (cf. Slovak, Carlson and Helm, 2007:77-99).

In sub-theme 3.2, the participants described how they became involved with negative peer groups as a result of being exposed to domestic violence during their childhood. In this category, they explain how this involvement continued into young adulthood and how it escalated in terms of becoming involved in substance abuse, gangsterism and crime. The statements below highlight how involvement with gangs is seen as a way to find a sense of belonging, which then introduced the participants to crime and violence.

“The domestic violence provoked me a lot and I saw gangsterism as an escape from my family problems. I was accepted there and that makes me feel good about myself”.

“I became friends with the biggest drug lords in the area, because they showed they are interested in what I am doing, they listened to me and made me feel I am of worth something”.

“I later got involved in gangsterism and that totally changed my life for the bad”.

“As a member of the gang I found a way to get rid of my anger where I got involved in serious fighting and serious crimes. Whenever I was involved in these fighting, I saw my father and imagined myself that I fight with him. I had these strong urge to kill him”.

The above descriptions relate to the literature that draws a link between aggression and behavioural problems in adulthood as a result of childhood exposure to domestic violence (cf. Hague et al., 2011:2; Hendricks et al., 2013:2; Nakra, 2014:217). Slovak et al., (2007:77-99) suggest that exposure to domestic violence also means that the child or adolescent is exposed to antisocial norms and values in the family. This then influences their socialisation skills, and they tend to associate with antisocial peer groups.

Apart from the way the domestic violence influenced their lifestyles in young adulthood, the participants reported that the exposure led to a negative influence on their self-worth, which will be described next.

Sub-theme 5.2: Influence on self-worth

A link between substance abuse (as discussed in the above category) and self-worth was made by one of the participant's as follows:

“After all these years I recently admit that I had a drinking problem, because I could not cope with the violence. After I lost everything and was on the edge to lose my job and only stable income, I found help and I was accepted their and that makes me feel good about myself”.

This description points to the fact that the participant at this stage is working on developing a sense of self-worth, and that dealing with the substance abuse problem assists him in this regard.

Other descriptions point to a lack of self-worth, which has an influence on current relationships (also see sub-theme 5.3) and the ability to find a purpose in life.

“I had a low self-esteem and never got involved in serious love relationships. I was too scared for rejection. I was also afraid that I will fail to control my anger”.

I always think that I was not good enough [for parents] and blame myself for everything which went wrong in the past”.

“I am still in a position where I struggle to find stability and purpose in life”.

A lack of self-worth during young adulthood as a result of exposure to domestic violence during childhood has been noted in the literature. This lack of self-worth is linked to the emotional and social influences of their childhood experiences, as was also described by the participants in the current study in theme 3 (cf. Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl and Russo, 2010:53-63; Anda, Butchart, Felitti and Brown, 2010: 93-98).

The last sub-theme refers to how the domestic violence experienced in their childhood continues to affect their interpersonal relationships.

Sub-theme 5.3: Influence of domestic violence on current relationships

The developmental tasks associated with young adulthood entails that the young adult has to form his/her own identity and establish a new relationship with family members, based on his/her evolving independence (Louw and Louw, 2007:493-

507). As described above, the social and emotional impact of exposure to domestic violence on the development of a positive self-esteem (i.e. self-worth) also has a negative influence on these tasks. The participants described their current relationships with family members and also reflected on their ability to develop new relationships as part of young adulthood.

Category 5.4.1: With family members

Some reports point to improved family relationships. This draws a link between improvement and the family members' ability to deal with their experiences of the past.

"The family relationships improved and everyone find ways to deal with the past".

"We are still not close, but we tried to accept each other with our shortfalls and try to do things different than in the past".

"Me and my father can now talk about different issues in life and have mutual interest in life. I think the fact that we all are mature and adults now had an impact on our family relationships".

"I only have contact with my biological mother and totally broke any contact with my stepfather".

"Me and my sister still have a close relationship and still support each other".

One participant reported substantial improvement in his relationships due to his own efforts to change, but that there is still a lack of trust:

"Since I changed my lifestyle [substance abuse and gangsterism] it seems as if my relationship with my brother and mother starts to improve. I must

admit that although my relationship with my mother improved, I still find it difficult to trust my mother”.

This lack of trust was elaborated on during descriptions of how **a lack of self-worth, a lack of closeness, unresolved anger and a lack of trust** contributes to a poor or non-existent relationship between family members.

“I ignore all my family members, because I believe that nobody wants me in their lives”.

“Everybody is on their own and only interested in their own lives”.

“I don’t have any contact with my mother, my brother passed on and my sister disappeared without any trace for many years”.

“I still cannot not turn to my parents because they got divorce and live independently in different areas”.

“There is no relationship between us [participant and siblings] now that we are adults”.

“I can describe our family relationships as non-existent”.

“I don’t have a need to have a relationship with my mother, because she did nothing to protect us”.

“It was too difficult to forgive them for all the suffering they caused in the family”.

“I feel it is impossible to forgive my father and he will be a stranger to me”.

“I can honestly say that I don’t trust my siblings”.

“I don’t have any relationship with my family members. I have no contact with my mother and sister. I blame my past and my parents for my current situation”.

A lack of support, counselling and family work with people who are or were exposed to domestic violence can result in unresolved feelings, and the inability to develop healthy coping strategies and to adjust to relationships. The influences of domestic violence are therefore not dealt with, which means that these influences will continue to impact on the young adult’s functioning and interpersonal relationships (Magwa, 2013:583). This will not only affect family relationships, but also new relationships that are formed during young adulthood. The descriptions of the participants in this present study regarding the influence on new relationships will conclude this theme.

Category 5.3.2: New relationships

Exposure to domestic violence has a negative impact on children’s self-worth (see sub-theme 5.2) and also provides the child with a negative model of how a relationship functions (Jura and Bukaliya, 2015:69). Breetzke (2012:299) explains that the young adult then views violence within a relationship as the norm. These viewpoints were confirmed by the participants in this present study. The statements below attest to this:

“I married an abusive husband and it felt history repeated itself”.

“I engaged in an abusive relationship and I felt that the past repeats itself. So my adult life was the same as my mother’s life and past”.

“Domestic violence became part of our relationship. I also now had black eyes and bruises on my body. This domestic violence went on for more than seven years until I decided to walk away from this abusive relationship”.

Based on the young adult participants' recollections of exposure to domestic violence during childhood and the impact thereof, they were requested to make suggestions for social work support to children exposed to domestic violence. These suggestions will conclude the description of the data obtained from this group.

Theme 6: Suggestions regarding social work support for children exposed to domestic violence

This last theme records the participants' suggestions regarding different types of support they believe would be beneficial for children as well as parents exposed to domestic violence. Furthermore, they highlighted the need for community awareness to address domestic violence in society, and also to ensure that children who are exposed to domestic violence will know where to find relevant support.

Sub-theme 6.1: Services for parents

In families where domestic violence occurs between parents, the young adult participants explained that social work services should be provided to their parents. In the current study, the participants reported that interventions should focus on marriage counselling and parenting skills. A participant specifically reported that she felt her parents needed information to help them understand what is happening in the family.

"I always think that my parents needed marriage counselling and parenting skills".

"Involve parents in community projects and parenting skills programmes".

“My parents did not think the abuse was wrong. If they could have received information about domestic violence and what it does to children, maybe they would have asked for help”.

Riel, Languedoc, Brown and Rodgers (2014:478-500) concur that couple counselling is an essential component of social work interventions in cases of domestic violence. However, in their research they often found that the victim does not want to leave the perpetrator and is afraid that the children will be removed from the household. The victim will therefore not report incidents of violence, or disclose the full extent of the situation, and/or will disengage from the intervention. Fear of the perpetrator must also not be underestimated.

The identified need for social work interventions to provide support and safety for family members was reported as follows:

“Social workers must involve parents in specific support groups or programmes”.

“I think social workers should have referred my mother to a safe house for abused women where she could have received counselling and professional help”.

Focusing on social work interventions with adult victims and perpetrators of domestic violence, Song (2015:527-548) emphasises the need for services that will ensure the safety of the victim and prevent incidents from reoccurring. Providing safety for the victims does not only include the direct victim (e.g. the wife), but also the children who are exposed to violence in the home. This author accentuates that providing safety must include empowerment strategies, with the specific aim of preventing further domestic violence in the household. Hamby, Finkelhor and Turner (2014:325-336) confirm this viewpoint, but add that it is essential that services must be available and accessible to all the family members, including the children. These authors suggest shelters, hotlines and

safety plans as forms of intervention to ensure safety. Reflecting on the young adult participants' responses in this study, there is clearly a lack of available and accessible services. Furthermore, they proposed that social work interventions focus on addressing the issue of substance abuse.

“Help must be provided when parents are abusing alcohol”.

“Services in the substance abuse field must be available with no long waiting lists at in-patient rehabilitation centres”.

In short, the abuse of the children in the household must be addressed. One participant insisted that the perpetrator who physically abused her mother and sexually abused her sister should have been confronted: *“My father also needed extra help and should have been prosecuted, because he sexually abused my sister”.*

According to the young adult participants, social work interventions should not only focus on the parents, but also on the children. As indicated in the sentence below, one participant accentuated that both parents and children should be involved in counselling services: *“Involve parents and children in counselling sessions”.*

The following sub-theme will focus on suggested interventions that include or focus on the children who are exposed to domestic violence.

Sub-theme 6.2: Services for children

Bogeanu (2012) notes that excluding children exposed to domestic violence from services is detrimental. This author argues that, on the one hand, these children are seriously affected and need access to services that will assist them to deal with their circumstances and experiences, and on the other hand, prevent them from leading dysfunctional lifestyles based on unaddressed challenges later in life. Similar to the suggestion that the victim (i.e. the mother) needed a place of

safety to protect her from the violence in the household as a service to parents, the participants also highlighted that they, as children exposed to the domestic violence, needed physical protection (cf. Song, 2015:527-548; Hamby et al., 2014:325-336).

“The children and those affected should first and foremost be removed from the place where domestic occur on a regular basis”.

“I really think that we [participant and siblings] needed alternative accommodation at that time”.

The young adults who participated in this study explained that social workers must address the individual needs of the children in households where domestic violence occurs, as is evident by the following statements:

“Make more time for individually counselling with the children”.

“I expect the social worker to focus more on the child and not paperwork”.

“Make therapeutic services available to children in order to address personal issues”.

“The focus must be on the child and his or her emotions”.

The above descriptions are supported by the literature. Eriksson (2012) argues that social work approaches applied to children exposed to domestic violence should be aligned with strategies that are appropriate for each specific child. This viewpoint is confirmed by Healy and Link (2012:510) who assert that respecting the unique experiences, strengths and needs of the individual is a core component of ethical social work practice. The participants continued to explain that regular contact with children exposed to domestic violence is needed so that the social worker can become fully aware of their circumstances.

“The social worker should be available to the children of family at least 24 hours after the incident was reported”.

“Social workers must make their counselling services and other services more accessible and available in the community”.

“Build a trust relationship with the child in order to reach them and for them to disclose”.

“Regular contact with the children. And home visits to see what is really happening”.

“Social workers must be more involved in the lives of the child when rendering services”.

The need for regular and immediate contact with social workers can place a huge burden on social workers. Goodman and Smyth (2011:79-92) therefore propose that social workers utilise a network of community resources (see sub-theme 6.3 below).

A participant emphasised that services should be long-term: *“Social workers should avail themselves for 12 months to help children recover from the effects of domestic violence”.*

Another participant linked the availability of social work services with awareness of where to report a need for services: *“Services to family must be more available and children must be made aware where to report problems in the family”.*

The latter statement also refers to community awareness as a focus of social work services. This will be discussed in the last sub-theme.

Sub-theme 6.3: Community awareness

The participants emphasised the fact that they did not know where to seek help during their childhood. They therefore stressed the need for community awareness programmes as part of social work service delivery. A participant explained that such a service must reach the entire community:

“Community awareness programmes about domestic violence will be good where the whole community can get one message”.

Another participant proposed that services can be advertised in the community as follows: *“Social workers must be more available and visible in the communities. Important toll free numbers must be visible at schools, clinics and churches for everyone to have access to it”.*

On the one hand, participants reported that the adult who needs services (i.e. the victim’s parent) should be made aware of how and where she/he can seek assistance: *“Educate woman in the communities about the available services for victims of domestic violence and their children. Explain the legal procedures to follow in order to protect themselves and their children”.* On the other hand, they identified schools and churches as places where children that are exposed to domestic violence can be made aware of support and assistance. The following utterances attest to this:

“Do domestic violence programmes at schools”.

“I suggest that programmes in schools must focus on domestic violence, how to identify it and where to get help”.

“Social workers should do life skills programmes at schools to make children at a young age aware of domestic violence and the different ways to report domestic violence”.

“The churches can also be involved with the social workers”.

In light of the suggestions made above, Goodman and Smyth (2011:79-92) on the one hand highlight the need for community awareness programmes that promote awareness of how and where victims can access support, and on the other hand, awareness programmes should involve community stakeholders. In this way victims of domestic violence can receive formal support that is supplemented by informal social support by family, neighbours and friends, as well as practical support (i.e. safety and protection) and emotional support by community-based resources (i.e. schools, churches, hospitals, etc.). The authors propose a community network system to ensure availability and accessibility to services.

3.3 CONCLUSION

In this chapter, the findings that emanated from the experiences and perceptions of the young adults who were exposed to domestic violence during their childhood were described by means of verbatim quotations and a literature control. Through six themes, they shared their first memories of domestic violence and described the nature of the domestic violence they experienced. They explained the influence domestic violence had on their lives during their childhood and the support they received, or did not receive. Furthermore, they described the impact this exposure had on their functioning as young adults, and therefore made suggestions regarding social work services to children exposed to domestic violence.

The description of the reflections of young adults who were exposed to domestic violence during childhood and their suggestions for social work interventions will be supplemented with the descriptions of services provided by social workers in the next chapter.

CHAPTER 4

SOCIAL WORKERS PROVIDING SERVICES TO FAMILIES EXPOSED TO DOMESTIC VIOLENCE: FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

The previous chapter presented the findings and literature control that describe the experiences and perceptions of young adults regarding their exposure to domestic violence during their childhood. One theme specifically focussed on support and services received, or that were lacking.

In this chapter, the descriptions of services to children exposed to domestic violence by social workers who participated in this present study will be presented. Although the participants were requested to reflect on social work services to children exposed to domestic violence, they also reflected on the impact domestic violence has on these children later in life. This was similar to the descriptions of the young adults, who described how the exposure to domestic violence continues to influence them (cf. Chapter 3, Theme 5). It was decided to include this aspect, as services to children exposed to domestic violence can be informed by an understanding of how it affects them later in life.

The social worker participants described their experiences and perceptions of the nature of domestic violence, as well as how children are affected and how it impacts on them during young adulthood. They also provided descriptions of the nature of their services to children who are exposed to domestic violence and to young adults whose well-being is affected by exposure to domestic violence during their childhood. Lastly, they made suggestions for social services to both children and young adults.

The demographic profile of the participants will be provided next, after which the findings will be presented.

4.2 FINDINGS RELATED TO DATA OBTAINED FROM SOCIAL WORKERS

This section focuses on the biographical information of the social workers who participated in this study, as well as a description of services to children exposed to domestic violence.

4.2.1 Biographical information

Seven social workers participated in this study. Data saturation occurred after five interviews, after which two more interviews were conducted to ensure that no new information came to the fore. The biographical information of the social workers is presented in Table 3 below, where after this information will be discussed and compared with existing literature.

Table 3 Biographical details of participating social workers

Age	Gender	Highest qualification	Years' experience in social work	Years' experience working with children exposed to domestic violence
43	Male	BDiac Social Work & Honours in Probation and Correctional Practice	13	13
27	Female	BA Social Work	4	4
29	Female	BDiac in Social Work	6	6
27	Male	BSW and BA in Honours Sociology	4	4
51	Female	BDiac in Social Work	7	7
30	Female	BDiac in Social Work	8	8
50	Female	BA Social Work	28	24

Five females and two males participated in this study. This is in line with Khunou, Pillay and Nethononda's (2012:21) description of social work as a profession that is dominated by females. According to these authors, between 10 and 13 per cent of students in social work at South African universities are male.

Four participants were between the ages of 27 and 30 years, and were therefore in the young adulthood developmental stage. Focusing on the cognitive development of young adults, Newman and Newman (2012:72-75) concur that there is a move towards understanding a variety of viewpoints (i.e. a multi-plistic framework); abstract thoughts are developed and these thoughts start to influence how the individual views the world. In line with this viewpoint and focusing on the vocational aspect, Saracino and Burr (2012:23-31) note that motivations for career paths are often influenced by personal experiences during the past or a specific value system that was developed during earlier years. Being exposed to the actual realities of the chosen career might have a significant impact on the young adult. In this present study, the social workers who were in this developmental stage might have been confronted by their own motivations for becoming social workers or by the realities of the impact of domestic violence and the role of the profession in this regard, which influenced the way they experienced and perceived social work services to children exposed to domestic violence.

Three participants were in the middle age developmental stage. Their ages ranged from 43 to 51 years. During this stage, the individual becomes able to identify alternative solutions to problems, based on his or her previous experiences of 'what worked and what did not work'. This, then, means that lessons learnt can be consolidated so that a contribution can be made to subsequent generations (Malone, Liu, Vaillant, Rentz and Waldinger, 2016:496-508). The participants in this age group, therefore, had the opportunity to reflect on what they have learned about services to children exposed to domestic violence, as well as the impact thereof on later life and to make suggestions for future social work practice.

The participating social workers had between four and 24 years' experience in rendering services in the field of victim empowerment, as an intervention method in the social work profession. This includes services to victims of domestic violence.

Table 4 below summarises the themes, sub-themes and categories of the findings that describe the participating social workers' descriptions of services to children as victims of domestic violence.

Table 4 Findings pertaining to social workers' descriptions of services to children exposed to domestic violence

Themes	Sub-themes	Categories
Theme 1: The nature of domestic violence from social workers' perspectives	Sub-theme 1.1: Domestic violence as a way to deal with conflict	Category 1.1.1: Co-occurrence of substance abuse
	Sub-theme 1.2: Children as direct and not secondary victims	
Theme 2: The influence of domestic violence on children	Sub-theme 2.1: Social and emotional influence	
	Sub-theme 2.2: Influence on behaviour	Category 2.2.1: Children's ability, or the lack thereof, to reach out for help
Theme 3: The influence of domestic violence during childhood on the young adult	Sub-theme 3.1: Awareness of the influence of domestic violence during childhood, or a perceived lack thereof	Category 3.1.1: A perceived lack of awareness and avoidance to deal with the influence
		Category 3.1.2: Awareness and a need to deal with the influence
	Sub-theme 3.2: Emotional influence	
	Sub-theme 3.3: Negative behavioural patterns resulting from exposure to domestic violence	Category 3.3.1: Repeating parental patterns
Theme 4: The nature of social work services to	Sub-theme 4.1: Focus areas of services	Category 4.1.1: Therapeutic services offered to families

children exposed to domestic violence		Category 4.1.2: Services offered to the child
		Category 4.1.3: Referrals
	Sub-theme 4.2: Methods and techniques that are being used	
	Sub-theme 4.3: Obstacles experienced during service delivery	
Theme 5: The nature of social work services to young adults who were exposed to domestic violence during childhood	Sub-theme 5.1: Limited services	
	Sub-theme 5.2: Focus areas of services	
Theme 6: Suggestions for services to children and young adults	Sub-theme 6.1: Needs assessment	
	Sub-theme 6.2: Specific methods to include	
	Sub-theme 6.3: Knowledge and skills needed	Category 6.3.1: A trust relationship is needed
		Category 6.3.2: Legislative and policy guidelines
	Sub-theme 6.4: A multi-disciplinary approach	

The findings will be presented by means of a discussion and verbatim quotations from the participants, together with a literature control.

Theme 1: The nature of domestic violence from social workers' perspectives

The participating social workers described domestic violence as a way to deal with conflict and reflected on their experiences of the co-occurrence of substance abuse. They continued to discuss children as direct victims of domestic violence within the household.

Sub-theme 1.1: Domestic violence as a way to deal with conflict

Domestic violence was described as a negative way of dealing with conflict, as illustrated by the following comment:

“The parents or guardians use domestic violence as an easy manner to deal with conflict situations”.

Rakovec-Felser (2014:1821) supports this viewpoint and explains that the violence is aimed at gaining control through intimidation, which could be social, emotional or physical in nature. Callaghan, Alexander, Sixsmith and Fellin (2015:10) refer to this intimidation as ‘coercive control’ within the household. Violence as a way of dealing with conflict in the household becomes the norm, and healthy conflict management skills are lacking within family relations.

The participants in this present study linked the inadequate conflict management skills with poor parenting and substance abuse as causes of domestic violence. This is plainly indicated by the following statement: *“Substance abuse, poor parenting and a lack of conflict management skills are some of the main causes of domestic violence”*. Substance abuse, in particular, was emphasised as a main contributor to domestic violence, which will be discussed as a separate category below.

Category 1.1.1: Co-occurrence of substance abuse

The participating young adults viewed substance abuse as the main contributor to the domestic violence they experienced during their childhood (cf. Chapter 3, Category 2.4.1). The following statement by a participating social worker confirms this viewpoint:

“In most cases children and young adults will reveal how their father or step-father abused alcohol and abused the mother”.

In support of the findings of this present study, the South African Police Service (2014:9-10) reported that substance abuse, particularly alcohol abuse, was a main cause of domestic violence cases reported to them, while Slabbert’s

(2015:665) research also pointed to alcohol abuse as the main contributing factor of domestic violence.

Another participant illuminated the fact that substance abuse is not only associated with the perpetrator, but sometimes also with the victim of domestic violence: “[In] *Some cases the mother would be the one who abuse[s] alcohol and will be the victim of domestic violence*”. This was also confirmed by the young adults’ descriptions of substance abuse in their households where the domestic violence occurred. The abuse of substances by victims of domestic violence is explained by Alhabib, Nur and Jones (2010:369-382), who linked the impact of domestic violence, such as decreased psychological well-being, depression, anxiety and PTSD with substance abuse as a way to deal with the impacting factors mentioned above.

While reflecting on the nature of domestic violence, the participants explained that children that are exposed to domestic violence can be seen as direct victims.

Sub-theme 1.2: Children as direct and not secondary victims

The statements below illustrate that children exposed to domestic violence are witnesses of the abuse that occurs between the parents or guardians.

“The children see in the household when their parents or guardians are fighting”.

“Some witness how their mother is physically abused by the father”.

The focus of this present research study is on children who are exposed to domestic violence between their parents or guardians. One participant noted that some children are not only exposed to violence between their parents or guardians, but are also exposed to abuse themselves:

“I mostly deal with children who are exposed to emotional, sexual and physically abuse in the house. Sometimes they witness it and other times they are the victims.”

The participating young adults in this present study also described how some of them or their siblings were abused within the household (cf. Chapter 3, Sub-theme 2.3).

Stanley et al., (2011:2372-2391) argue that children growing up in households where domestic violence takes place rarely escape some form of exposure that will influence their development. This exposure may include witnessing the violence or being physically abused themselves. The above descriptions by the participants are further confirmed by Evans, Steel, Watkins and Dilillo (2014:527-536), who distinguish between direct exposure to domestic violence in terms of physical, emotional and sexual abuse and indirect exposure in terms of witnessing the violence between parents or guardians. The term ‘secondary victim’ refers to a person who is affected by the domestic violence, even though they were not directly involved in the violence. Witnesses of domestic violence can then be viewed as secondary victims. However, Callaghan et al., (2015:4-5) assert that, given the impact of domestic violence on children, the term ‘secondary victim’ can lead to minimising the importance of service delivery to them. These authors argue that the use of this term presents the idea that services to children should be ‘additional’. In the researcher’s view, given the impact of the domestic violence on their holistic well-being, general functioning, and well-being in later life stages, children exposed to domestic violence should be seen as direct victims.

In line with the viewpoint of children exposed to domestic violence as direct victims, one participant reflected on her own feelings in this regard. She noted that these children became victims without knowing it and relates this with the lack of conflict management skills that are accepted as the norm in the family (cf. Sub-theme 1.1 above).

“It is sad to realise that these children became victims of domestic violence without them knowing it, because they accepted domestic violence as a way to resolve conflict and it must be like that”.

Gewirtz and Edleson (2007:171-163) also confirm that the lack of conflict management skills within the family leads to violence that becomes the norm. Children exposed to this type of violence do not understand that they are becoming victims, because they do not have access to other, healthier forms of dealing with conflict.

The descriptions of the nature of domestic violence in this theme introduces the discussion that follows on the effect of domestic violence on children, as viewed by the participants in this study.

Theme 2: The influence of domestic violence on children

Similar to Jeevasutha and Hatta (2012:202) and DeJonghe’s (2014:174–182) identification of problems experienced by children exposed to domestic violence as social, emotional and behavioural, the participating social workers distinguished between the social and emotional influences of domestic violence on children and how exposure to domestic violence influences their behaviour. Regarding the latter, the participating social workers reflected on these children’s ability, or the lack thereof, to reach out for help.

Sub-theme 2.1: Social and emotional influence

Exposure to domestic violence results in experiences that interfere with the child’s development. For example, children exposed to domestic violence may experience difficulty in forming trusting relationships, which will in turn influence their emotional experiences and development, and have an impact on their social functioning (Rakovec-Felser, 2014:1821). The young adults who participated in this present study reported how the domestic violence influenced them socially and emotionally during their childhood (cf. Chapter 3, Theme 3). In line with their

descriptions, the participating social workers reflected on specific emotions that they believe children exposed to domestic violence experience, such as sadness, fear, shame and insecurity because of not knowing what to expect. The participants voiced their perceptions regarding the emotional influences, as follows:

“Children exposed to domestic violence are constantly feeling sad and unhappy within the household.”

“They experience fear and shame every day and every day they are sad and uncertain of what will happen in the house.”

Similar to the above descriptions, Thornton (2014:90, 95) lists feelings typically associated with children who live in violent households as unhappiness, anxiety, anger and confusion. The author concurs that these emotional influences leave children particularly vulnerable. In support of the latter statement, a participant reported that the social influence of emotional abuse in the household poses the danger that it is not visible to people outside of the home. A feeling of isolation, because nobody reaches out to these children, was explained as follows: *“Emotional abuse unknowingly occur[s] and continue[s] because everybody turns a blind eye to domestic violence”*. This reinforces the social influence of feeling isolated and unimportant.

The previously mentioned feeling of shame was linked to children experiencing that they caused the violence in the home, as described by the following statement:

“They usually feel that they are the cause of the domestic violence in the household”.

Linked to the identification of a lack of constructive conflict management styles as a cause of domestic violence (cf. Theme 1), a participant explained that, apart from feeling responsible, the children’s self-esteem is negatively influenced,

which is further aggravated by learned behaviour regarding conflict management. This, then, impacts further on their interpersonal relationships (i.e. social influence), which affects their self-esteem (i.e. emotional influence). In this way, the child is entering a vicious circle that not only influences his/her emotional and social well-being, but also his/her behaviour. The following statements attest to this viewpoint.

“This domestic violence aggravates a feeling of inferiority”.

“Children who experience domestic violence in their households struggle with self-esteem and lack effective communication skills, especially in dealing with conflict”.

Related to the latter statement, the participants described their perceptions regarding the influence of exposure to domestic violence on children’s behaviour, as presented in the next sub-theme.

Sub-theme 2.2: Influence on behaviour

Jeevasutha and Hatta (2012:203) and Överlien and Hydén (2009:479–496) found that children who witness violence have a greater tendency to act violently when under pressure. They learn to act aggressively when being confronted. Supporting this statement and providing an explanation, Thornton (2014:97-98) suggests that regular/frequent exposure to domestic violence causes children to adopt negative or inadequate coping strategies, which leaves them overwhelmed. This, then, directs their behaviour. This author refers to the internal chaos that the child acts out. The participants in this present study provided a similar description of the behavioural influence of domestic violence on children. They described this aspect in terms of negative behaviour resulting from constant stress (anxiety and fear of the violence), as well as negative learned behaviour. Children see violence as the way to solve conflict, and therefore, mimic the behaviour. A link was drawn between violent forms of self-

expression and association with peers with similar modes of expression, as indicated below:

“The children become anxious and seem to constantly fear the behaviour of their parents and react through negative behaviour, for example in school or being involved in criminal behaviour”.

“These children tend to express themselves also in violent manners and become involved with negative peers that are also violent in nature”.

Reporting on the interrelatedness between emotional, social and behavioural influences of domestic violence, Davis and Snyman (2005:77) concur that children may feel that they caused the violence, for instance, when the perpetrator blames the members of the household for his/her violent actions. This leads to children disapproving of themselves, which causes shame and guilt. A possible outcome is that children associate with negative peer groups, because they identify themselves with “being bad”. According to these authors, another aspect to consider is the fact that constant fear of violent outbursts results in the child acting out.

In this theme, the participants highlighted that children exposed to domestic violence may feel isolated, unimportant, anxious and responsible for the violence, among others. This often results in behaviour that illustrates a lack of ability to express themselves in a healthy way. This, then, impacts on their ability to reach out for help, which will be discussed in the category below.

Category 2.2.1: Children’s ability, or the lack thereof, to reach out for help

The participants reported that children living in households where domestic violence takes place seldom reach out for help. However, one participant noted that in his/her experience children do reach out, and continued to highlight that this disclosure makes it easier to deliver effective and relevant services:

“Sometimes the children disclose easily and this is helpful in identifying the services needed”.

Furthermore, one participant explained that the child does not only become isolated socially, but also within the household. He/she explained that this then results in the child not reaching out for help. This is because they have learned that asking for help does not make a difference: *“I find that these children become withdrawn from their family members and that they do not really reach out to other people”*. Thornton (2014:96) supports this viewpoint and found that children in violent households become used to no or little response to their requests for support and assistance. Another participant was of the opinion that not reaching out for help could be the result of the child’s personality. *“Sometimes these children are not willing to disclose the information, depending on the personality of the child”*. When probed, the participant explained that the child learned that one is not supposed to discuss the domestic violence: *“Domestic violence is seldom being spoken about by the family members”*. In this regard, Hines (2015:109-119) explains that parental behaviour will affect how children respond to a specific situation. If the parent does not disclose or reach out for help, the child will also find it difficult to disclose. A lack of disclosure is also associated with shame and a fear of judgement by community members (Allen, 2012:870–886). Överlien and Hydén (2009:282) concur that in this regard the long-term influence includes emotional disconnection from the situation.

Linked to the above viewpoints, a participating social worker explained that, because the violence in the household is seen as the norm for dealing with conflict, the child does not know that he/she can and should reach out for help: *“These children do not see anything wrong with these violent acts and do not necessary reach out for help”*. Thornton (2014:90), however, does not agree with this viewpoint, saying: “Suggestions that children can remain oblivious to domestic violence taking place in their home, have long since been replaced by a recognition that children are very much aware of both incidents of violence and their aftermath”. Graham-Bermann, Kulkarni and Kanukollu (2011:1056–1076)

emphasise that children will disclose when they feel safe. A trusting relationship with the social worker is needed so that the child can disclose when and where he/she is ready.

The influences described in this theme also affects children later in life. The next theme will provide a description of the social worker participants' views on the long-term impact of domestic violence.

Theme 3: The influence of domestic violence during childhood on the young adult

Based on their experiences, the social worker participants' indicated a lack of awareness and openness among young adults in dealing with domestic violence issues related to their childhood and how this influences their current behaviour. They also reported that some young adults are aware of this influence and that they have a need to address it through social services provided to them. The participants specifically noted the emotional influence of exposure to domestic violence during childhood. These descriptions will be unpacked in the sub-themes and categories below.

Sub-theme 3.1: Awareness of the influence of domestic violence during childhood, or a perceived lack thereof

In this sub-theme the perceived lack of awareness and avoidance to deal with the influence of domestic violence experienced during childhood, as well as an awareness and readiness to address the influence will be presented in two categories.

Category 3.1.1: A perceived lack of awareness and avoidance to deal with the influence

Similar to the statements related to the children's lack of ability to reach out for help (cf. Category 2.2.1), the social worker participants reported that it is difficult to know if a young adult has been exposed to domestic violence during childhood

and that the current problems that are being experienced relate to the influence of the past. The following statements attest to this viewpoint:

“Sometimes is it difficult to render effective services to young adults, because domestic violence became a common part of their lives and they do not mention that it is a problem. They come to you, or are referred to you, for other reasons.”

“The majority of the young adults don’t realise the impact of the incidences in the past on their present lives and how violent lifestyles are deeply rooted in their lives”.

“Most of the time the young adults do not realise that their exposure to domestic violence as a child had an impact on their lives”.

As discussed in Category 2.1.1, Thornton (2014:90) asserts that one should be careful not to interpret the lack of disclosure as a lack of awareness. The young adults may very well be aware of what happened to them during their childhood, while avoiding discussions based on the intense hurt they experienced. The following comment by one of the participants in the present study supports this viewpoint: *“To disclose is very difficult for the clients, because some of them don’t want to walk with the past experiences and feelings”*. According to this participant, the young adults are aware of what happened to them, but that the emotional influences block disclosure. Bogueanu (2012:153-174) agrees with this and adds that domestic violence impacts on the direct victim’s sense of self. This then leads to shame and a feeling of worthlessness, and results in the hesitation to disclose out of fear of being judged (cf. Allen, 2012:870).

Callaghan et al., (2015:4-5) reflected on the influence of domestic violence during childhood on young adults and noted that children are direct victims of domestic violence and that their experiences are often minimised and therefore not

acknowledged. This further supports the young adults' choices not to disclose. The following statements strengthen this viewpoint:

"They often do not really want to speak about it. It seems like they blocked these experiences from their reality. It seems like they want to forget their past".

"The young adults verbalise strongly that they don't want to speak about incidence of domestic violence in the past and their biggest struggle is to block these experiences from the real life".

As mentioned previously (cf. Chapter 3, Sub-theme 5.1), one explanation for the young adult participants' lack of disclosure was a lack of trust as one influence of exposure to domestic violence during their childhood. Similarly, the social worker participants explained this to be the result of a lack of trust as a long-term influence of exposure to domestic violence, as noted by the following statements:

"The young adult will inform you that they have forgotten about their experiences and feelings, but after a few interviews with them and gaining their trust, both you as social worker and they realise that they have not worked and dealt with their feelings".

"I also realise that young adults struggle with trust issues and this withhold them to speak openly about their past experiences".

Category 3.1.2: Awareness and a need to deal with the influence

Contrary to the descriptions of the lack of disclosure due to a lack of trust in the previous category, the social worker participants confirmed the viewpoint of Thornton (2014:90), who asserts that one should not assume that children are not aware of the domestic violence, as well as later in life.

“During my years of social work practice it became evident that young adults do not forget the incidents related to the experienced domestic violence”.

“It is amazing how they can chronologically explain all incidents as if it happened the previous day”.

The importance of building a trust relationship between the social worker and the client (or client-system) is emphasised: *“Where there is a trusted working relationship, some would often speak openly about the trauma caused”*. This, then, provides a platform for the young adult to recall experiences and to address the influences thereof. The participating social workers reported that some young adults, albeit a minority, become able to use their experiences of being exposed to domestic violence during childhood to deal with current challenges, therefore being empowered by their childhood experiences.

“The minority of them [young adults] presents a spirit of being a survivor. They used their past to overcome current challenges”.

“On the positive side some young adults try to rise as survivors and put structures in place to be stronger and empowered. They became aware of their rights and act accordingly”.

“Some young adults rise from the circumstances and decide to make a success of their lives”.

In terms of references concerning young adults becoming survivors and not victims (due to exposure to domestic violence during childhood), Hague et al., (2011:2) and Nakra (2014:217) use the term ‘adult survivors’. The participants in this present study reported that, in their experiences, these young adults strive to break the cycle of domestic violence.

“The urge to break the cycle of domestic violence becomes a goal and they strive to protect everybody of the household”.

“The fear of “history to repeat itself” constant[ly] motivate[s] them to do better in life”.

“It has an influence on the way they parent their children. They might try to prevent their experience from happening with their children so badly that it might influence their parenting negatively”.

On the one hand, the WHO (2007:9) reports that in order to break the cycle of violence, early detection of childhood exposure is needed and interventions should assist children to deal with the influences of domestic violence, and thereby, help them to become survivors. In the present study, both the young adult participants as well as social worker participants reported that this is not occurring in practice (cf. Chapter 4, Category 2.2.1; Chapter 3, Theme 4). On the other hand, Bolden (2010:25-26) emphasises that preventative services to young adults who were direct victims of domestic violence during childhood can assist in breaking the cycle of violence. In this regard, Fitzpatrick (2014:606) explains that the term ‘breaking the cycle’ refers to services aimed at dealing with obstacles that prevent survivors from developing new and healthy coping skills. One such obstacle as identified by the participants in the present study, is the emotional influence of exposure to domestic violence during childhood. This will be discussed in more detail below.

Sub-theme 3.2: Emotional influence

The participants described emotional influences of childhood exposure to domestic violence on young adults as powerlessness and anger. Their descriptions show how these young adults became vulnerable and disempowered by their childhood experiences.

“Some clients [young adults] will speak to me without presenting any emotion and some will present hate, be angry and some will display the ultimate sign of human vulnerability and sorrow”.

“The worst effect I’ve witnessed was the feeling of powerlessness and hopelessness”.

“They died emotionally and started to believe that life has nothing to offer”.

Fitzpatrick (2014:647) asserts that this “long-lasting harm” caused by childhood exposure to violence leaves the young adult with the need for support, to feel safe again, and to find hope for a better future. These young adults, therefore, need services that will provide them with the hope that the past does not have to be repeated, and they need skills to empower them to deal more effectively with conflict, oppression and intimidation. Both Hague et al., (2011:2) and Nakra (2014:217) discuss the long-term emotional influence of exposure to domestic violence and note that unresolved anger leads to behavioural problems in adulthood. This aspect will be discussed in the following sub-theme.

Sub-theme 3.3: Negative behavioural patterns resulting from exposure to domestic violence

In this study, the young adult participants reported violence as a long-term influence of exposure to domestic violence during childhood (cf. Chapter 3, Theme 5). Allen and Ní Raghallaigh (2013:1-17) also found that both witnessing and experiencing domestic violence during childhood could lead to the tolerance of violence and violent behaviour in later life stages. The social workers who participated in this study confirmed this and reported that they have witnessed this influence in practice. Firstly, they noted the use of aggression and violence within interpersonal relationships.

“Some of the young adults become aggressive”.

“These young adults tend to become drawn that have the same tendency of violence in their behaviour.”

“They portray abusive behaviour towards their partners”.

“They tend to think its ‘normal’ to be involved in an abusive relationship or household where domestic violence is regularly present”.

“They tend to accept domestic violence as a ‘must-be’ in a relationship, because nobody raises a voice against domestic violence”.

“I observed that young adult women who experienced domestic violence during childhood tends to associate with persons who dictate them and act as a supremacy figure in their lives”.

Secondly, they reported that the young adults display high-risk behaviour.

“These young adults become involved in risky behaviour, for example early sexual interaction, substance abuse and unstable and destructive relationships”.

“The majority of young adults adapt a “victim” attitude and draw negative people and create negative situations for them”.

Thirdly, the following statement links high-risk behaviour with involvement in crime: *“Some of these young adults become involved in criminal activities”.* Lastly, high-risk behaviour is linked to substance abuse: *“Thus one will find that some clients will abuse alcohol and other drugs to escape their reality”.*

The descriptions above relate to the findings in Chapter 3. The use of aggression to deal with anger and conflict among young adults who were exposed to domestic violence during childhood is explained by Hendricks et al., (2013:2) as learned behaviour. These authors warn that this learned behaviour leads to the inability to solve problems effectively and to deal with real-life challenges. Furthermore, this learned behaviour and inability to deal with problems often results in high-risk behaviours, such as involvement in crime and substance abuse (c.f. Slovak et al., 2007:77-99; Hendricks et al., 2011:2; Kasundu et al., 2012:8264). The descriptions in this sub-theme point to the repetition of parental patterns, which will be further discussed in the category below.

Category 3.3.1: Repeating parental patterns

In Category 3.1.2, the participants' perceptions and experiences regarding the cycle of domestic violence were presented in terms of young adults who attempt to break this cycle. In this category, the opposite side of the coin is presented: young adults who repeat parental patterns and, therefore, remain in the cycle of domestic violence. The participating social workers reported on their experiences in this regard as follows:

"The same type of behaviour that the parents/guardians model continues".

"In most cases the young adult will incline to be in abusive relationships".

"It seems as if the abuse is acceptable to them".

"In many cases, the victim of domestic violence became the perpetrator, without them knowing about it".

"It's like domestic violence became part of their consciousness and culture".

“In my experience as social worker over the years, I realise that these young adults [who were exposed to domestic violence during childhood] tend to fall into the cycle of abuse”.

“The vicious circle of domestic violence continues and stays part of the young adults”.

The description by Hendricks et al., (2013:2) regarding behaviour as patterns that were learned during childhood is also confirmed by the descriptions above. This relates to Bandura's Social Learning Theory (Bandura, 1989:1-60; Newman and Newman, 2012:41-42). This theory places the emphasis on social interaction as key to development. Bandura argued that new behaviours can be learned by observing and imitating others in a social context. According to Bandura, the child/young adult is influenced by his/her environment and behavioural patterns in the environment. In addition, the child/young adult's environment influences his/her behaviour and development, which in turn influences his/her interaction with the environment as well as individual development (i.e. reciprocal causation). Services to young adults who were directly influenced by childhood exposure to domestic violence therefore needs to acknowledge that these patterns were formed as a result of specific exposure, which can be changed when they are shown positive alternatives. This aspect will be elaborated on in more detail in the discussion below on the nature of services to both children and young adults.

Theme 4: The nature of social work services to children exposed to domestic violence

One participant acknowledged that children living in households where domestic violence is prevalent try to cope the best they can without the needed knowledge and support. He/she continued to explained that services to such children do not

necessarily focus on the influences of domestic violence, due to other immediate needs in the family that become the focus of service delivery:

“A lack of knowledge forces them [children exposed to domestic violence] to cope with domestic violence and therefore they deal with it in their own unique way. So with that said, it is seldom that services will directly focus on domestic violence, because there are so many other immediate needs [that need] to be dealt with”.

In this regard, Jeevasutha and Hatta (2012:203) express their concerns and postulate that exposure to domestic violence requires an in-depth assessment that informs an intensive intervention strategy, focusing on behavioural, emotional and social influences. Furthermore, they warn that the child's development will be negatively influenced if these aspects are not addressed. Similarly, Cheng (2000:29-34) suggests that assessments should not be rushed and that clients must be provided with enough time to explore what is happening in their lives, what happened in the past, and how these aspects relate to each other. Observing signs and symptoms of domestic violence can lead to probing questions that provide clients with opportunities to become comfortable to disclose the domestic violence. In this regard, the United Nations Refugee Agency (2009:17) notes that clients in crisis might present their immediate needs or their own understanding of their needs and/or problems, which is related to the root of the problem. Assessments, therefore, need to take place over a period of time. While building trust and a working relationship with families who are experiencing domestic violence, the social worker continues to assess until family members are ready to disclose.

Other descriptions of the nature of services indicate the focus areas of services, methods and techniques that are being utilised, and obstacles experienced during service delivery. These aspects will be presented in the sub-themes below.

Sub-theme 4.1: Focus areas of services

In general, the focus of services to families is identified through assessments, as indicated by the following statements.

“The social worker will firstly assess the circumstances of the family holistically”.

“A comprehensive assessment will be conducted on the family and the child in order to get direction which services are needed”.

“Assessments of the circumstances of situation form the basis of any social work services to clients. So in essence, before any services starts a comprehensive assessment will be conducted in order to determine what services are needed”.

Assessments aimed at informing the nature of services to families where domestic violence takes place are emphasised by McClennen (2010:3-5), who asserts that a holistic assessment of the family’s functioning will provide valuable insights into the needs of the children in the household. However, as mentioned previously, in order to ensure that family members disclose domestic violence, assessments should not be rushed. A trusting relationship with the social worker is needed. The United Nations Refugee Agency (2009:17) advises that assessments should assist clients to explain their understanding of the situation, and therefore, not only report a problem. This is referred to as an explanatory model of assessment. Once the occurrence of domestic violence is disclosed, Healy and Bell (2004:1-2) identified areas to be assessed to identify the risks for children in such households, namely:

- The nature of the domestic violence,
- The risks to the children posed by the perpetrator,
- The need for protection and statutory intervention,
- The emotional influence of coercive behaviours by the perpetrator that can prevent the child from disclosing,
- The impact of the abuse on the victim and her/his ability to address the needs of the children,

- The support available to the family,
- The support available to the children, and
- Previous experiences when reaching out for help.

In this present study, it was reported that once domestic violence has been identified as a focus for service delivery, the emotional status of family members will direct the decisions regarding interventions: *“I will firstly focus on the emotional status of the client and the whole family; make sure that all the support systems are in place”*. The focus of services was primarily described in therapeutic terms: *“Therapeutic counselling services take place on a regular basis”*. The participating social workers further distinguished between services aimed at the family, services aimed at the child, and referrals. These focus areas will be discussed separately in the categories below.

Category 4.1.1: Therapeutic services offered to families

Therapeutic services to the family were described in terms of working with the individual family members, as well as with the family as a whole.

“The focus areas can include family therapy”.

“We do family group conferences”.

“Depending on the needs of the family members, we also do individual counselling”.

The nature of these therapeutic services was referred to as trauma counselling with the whole family.

“The main focus will be on counselling services, which in include trauma counselling, group therapy, family therapy and family conferences”.

“I include the family in trauma counselling sessions”.

Although the participants referred to the services as being therapeutic in nature, when probed, they explained that the immediate needs of family members remain the focus of these interventions: *“We tend to be more direct regarding the problem/issue”*. The descriptions of services to the families in this study did not include the guidelines for services presented in the White Paper on Families (2012). This White Paper emphasises that services should focus on parenting skills (i.e. nurture, care and support), empowerment to make use of professional services (i.e. identify and negotiate support services) and development of social structures to support victims of domestic violence (cf. Charak, Evans, DiLillo and Watkins, 2017). Hines (2015:109-119) highlights that services should ultimately focus on providing safe spaces for children to voice their experiences and empowerment by focusing on strategies that deal with the impact of domestic violence. In this regard, Charak et al., (2017) advise that therapeutic interventions are needed to assist with cognitive rearrangement to assist children and young adults to work through their emotions and to make sense of their experiences. Through this, children and young adults are empowered to replace negative emotions and behaviour that will break the cycle of abuse.

Category 4.1.2: Services offered to the child

The participants reflected on the family sessions as not giving specific attention to the children in such households on an individual level.

“The support will focus mostly on the counselling to the family and limited individual attention are rendered to the children exposed to domestic violence”.

“Limited support is given to these children”.

Limited service delivery to children directly affected by domestic violence is considered a world-wide problem (World Health Organization, 2012; Devaney,

2015:86). Keeling and Van Wormer (2012:1354) assert that this is alarming considering the negative influence the exposure has on a child. If unattended, this influence will also be visible during later life stages (cf. Jeevasutha and Hatta, 2012:203). Affirming these viewpoints found in the literature, the young adults who participated in this study reported that they did not receive social work support during their childhood and described that they are still being influenced by their exposure to domestic violence. For instance, they are still affected by unresolved emotions, a lack of self-worth and problems in current relationships (cf. Chapter 3, Category 4.2.1). This was confirmed by a social worker participant who concluded that the lack of focus on the children is harmful to their development: *“Due to little or no social services to them, and the seriousness of the abuse, some lose their dignity, their humanity in the process”*. Another participant, referring to his work experience with young adults who have been exposed to domestic violence during childhood, noted that their current functioning and well-being is impaired due to the lack of social services during their childhood: *“The majority of the clients [young adults], in my view did not receive a proper intervention or no intervention at all”*.

The statements above point to a lack of focus on services to children exposed to domestic violence. However, some participants in this present study did mention that when domestic violence is reported, children in these households do receive counselling services and interventions related to victim empowerment.

“In most cases we offer therapeutic services and work in a manner that helps the child to address the problem”.

“The social worker will only refer a child when more specialised services are needed, but otherwise the social worker is equipped to render counselling services when dealing with children in crisis”.

“Children are included in the victim empowerment programme, which aims to support and care for the child and the family”.

“Services like play therapy, victim empowerment support groups and individual counselling are regularly available”.

The Service Charter for Victim Empowerment (Department of Justice and Constitutional Development, 2004) provides guidelines that place the focus on, amongst others, assistance and protection for services to children who are direct victims of domestic violence due to the influence exposure has on them. In line with these guidelines, the participants also reported that, when needed, statutory actions are considered apart from counselling.

“If it is found that children are exposed to circumstances that might be harmful for their development, alternative care can also be considered”.

“We will firstly assess if the children are in need of care and protection. If it is found that there are physically or emotionally abuse such children can be placed in alternative care”.

In line with the descriptions provided by the participating social workers, the Department of Social Development's (2013:31) Framework for Social Welfare Services directs the nature of services to vulnerable groups, and therefore also to children exposed to domestic violence, in terms of capacity building, empowerment programmes, life skills programmes and information/advisory services. The participants also referred to therapy and/or counselling. The United Nations Refugee Agency (2009:34) warns that one should not confuse counselling with “talking to someone” about his/her problems. The WHO (2001) describes the term ‘counselling’ as an ongoing process of facilitating, problem solving, motivating and decision-making that results in interventions that are based on an “accepting, trusting and safe relationship”. In this relationship clients become empowered to identify needs, develop goals and become empowered to address needs with the guidance and support of the social worker.

Referrals, as a way to ensure that children's needs are being addressed, was reported as another focus of service delivery.

Category 4.1.3: Referrals

The importance of identifying the specific needs of children was noted: *"After the assessment, the needs of the child will be clear and according to that the referral process will take place"*. The principal aim of referrals are to provide these children with services that will focus on their unique needs and empower them to deal with the influence domestic violence has had on them (cf. McClennen, 2010:3-5; White Paper on Families, 2012). The social workers participating in this study noted that referrals are made to social workers at non-government organisations (NGOs) who render specialised services.

"In certain cases the NGOs are approached".

"Social workers refer some children to other NGOs, who deliver a more specialised service to them".

The above referrals mostly have to do with practical, emotional and social support to children. Where a child is in particular need for emotional support, the participants reported that referrals are made to psychologists.

"Most referrals will be to the psychologist for trauma counselling".

"In some cases children will also receive counselling and will be referred to private or local child psychologists for additional assessments and specialised services".

The methods and techniques used when rendering services to children exposed to domestic violence will be discussed next.

Sub-theme 4.2: Methods and techniques that are being used

The methods and techniques used in services delivery to children were described in line with the focus areas of the services provided. It was reported that children in households where domestic violence occur are viewed as children in crisis. Services are strength-based and focus on assisting children to deal with the crisis: *“We render services on the different approaches of social work and specifically the strength-based approach and crisis intervention approach when the child was exposed to the domestic violence”*. Pattoni (2012:1-2) describes the value of the strengths-based approach in terms empowerment, as it values the development of capacity, skills, knowledge, connections and potential in people and the environments in which they function. The author goes on to advise that it does not mean that challenges and obstacles should be ignored. People are empowered to identify challenges and find ways to address these challenges. According to the participants, the methods and techniques they use are therapeutic and supportive in nature. Specific reference was made to counselling, play therapy and inclusion in victim support programmes.

“Play therapy is also useful when dealing with children in crisis”.

“Play therapy is available to the children.”

“Play therapy, trauma counselling and victim support services are some of the services that are rendered to these children we called to be in crisis”.

The participants provided a description of what methods and techniques they used, but did not elaborate on how they implemented these. The United Nations Refugee Agency (2009:46-48) identifies three key techniques when working with people in crisis, namely: active listening, responding, and attending and observing. A significant point is that people who have been exposed to trauma do not disclose immediately and might need time to reflect on what has happened/happening to them. These techniques should therefore be implemented throughout the intervention process.

The nature of social services to children exposed to domestic violence should be interpreted in terms of obstacles that are being experienced, which will conclude the discussion of this theme.

Sub-theme 4.3: Obstacles experienced during service delivery

The participants described their experiences regarding children who do not disclose the domestic violence in Category 2.2.1 above. This was then noted again when reflecting on the obstacles experienced during service delivery.

“Obstacles I do experience during service delivery are that children are not always prepared to discuss these matters or they become used to domestic violence, which becomes their norm”.

“There is sometimes a secrecy surrounding the domestic violence, which becomes an obstacle in service delivery”.

Keeling and Van Wormer (2012:1354) acknowledge that a lack of disclosure forms part of the dynamics in households where domestic violence occurs and note that this aspect should inform the way in which the social worker approaches family members. A trusting relationship is required for disclosure to take place and therefore regular contact and long-term intensive interventions are needed.

The emphasis on services to children as a vulnerable group within their families, as described in the Framework for Social Welfare Services (Department of Social Development, 2013:31), requires that social workers have the necessary resources to deliver an effective service. However, a lack of resources, as well as knowledge and skills to deal with the unique needs of these children were noted as obstacles by the social worker participants: *“In practice this [delivering services to the children] is sometimes difficult as resources, including vehicles to transport clients, specialised knowledge regarding domestic violence, office*

space, etc. remain one of the profession's biggest challenges". A lack of resources, which impacts negatively on social work services in South Africa, is continuously reported in local studies, as indicated in Sub-theme 5.1 below (cf. Dlamini and Sewpaul, 2010:469; Alpaslan and Schenck, 2012:367-386; Tshesebe and Strydom, 2016:1-19).

The participants specifically noted that due to the lack of availability and/or affordability referrals can be difficult to realise. This in turn influences the quality of services and support to children.

"Continuous support and motivation in reality is only an ideal. It is difficult in practice to allocate the children to resources".

"Lack of accessible and affordable resources in the community hamper effective service deliver".

"Referrals to professional services like psychologist become a challenge because of long waiting lists and fees payable".

As mentioned previously, the participants also reflected on services to young adults who were exposed to domestic violence during childhood. This was deemed important to include, as the findings pertaining to both the young adult and social worker participants pointed to a lack of or limited services to children exposed to domestic violence. The influence later in life was noted and an exploration of services to the young adults could contribute to our understanding of services needed.

Theme 5: The nature of social work services to young adults who were exposed to domestic violence during childhood

As mentioned previously, UNICEF (2006:16) asserts that, if not addressed during childhood, the direct exposure to domestic violence can lead to physical,

emotional, behavioural and social problems in later stages of life. Similar to the description of services to children, the participating social workers reported that services to young adults are limited. They did, however, provide descriptions of the type of services to young adults when such services are rendered.

Sub-theme 5.1: Limited services

The social worker participants identified two reasons for limited services to young adults who experience problems resulting from the influences of childhood exposure to domestic violence. Firstly, they noted that high caseloads impact on service delivery: *“Due to high caseloads it is difficult to render effective services to these young adults”*. High caseloads on services delivery in social work practice appears to be an international concern. The National Association of Social Workers Foundation in the United States of America (2010:1) warns that high caseloads result not only in a lack of time to deliver effective services, but also affects the development of a trusting relationship between social workers and their clients. Furthermore, it leads to burn-out, which results in a high turnover of staff, and further impedes service delivery as clients are continuously exposed to social workers “leaving them”. Locally, Dlamini and Sewpaul (2010:469) confirms the description above and reports that findings from a South African researches study highlights “intense dissatisfaction with the poor salaries, resources and working conditions, high caseloads and competing demands”.

Secondly, the participants again referred to a lack of trust among the young adults (cf. Categories 2.2.1 and 3.1.1 above; cf. also Chapter 3, Sub-theme 5.1), which influences the professional relationship and service delivery: *“A great obstacle is that young adults struggle sometimes with trust issues and finds it difficult to disclose and accept professional services”*. In line with the discussion in Theme 4 above, the importance of assessments are once again highlighted (cf. Cheng, 2000:29-34; United Nations Refugee Agency, 2009:17).

The participants, however, reported that this does not mean that no services are rendered and continued to describe the focus areas of such services.

Sub-theme 5.2: Focus areas of services

Services were discussed in line with the continuum of care, as described by the Framework for Social Services (Department of Social Development, 2013:27-29). In terms of preventative services, the participants focused on preventing the repetition of domestic violence (cf. Category 3.3.1): *“We work at preventing domestic violence in the future of the young adult”*. According to the continuum of care, prevention aims to attend to individuals at high-risk. Early intervention, in terms of addressing the influences of childhood exposure to domestic violence with the aim to limit risks and prevent the progression of problems, was described as follows:

“The aim of these services is to create an environment for the young adult to acknowledge their feelings of the past, accept it and make peace with it. To distance them from any guilt feelings and self-blame”.

“The services include individual and family sessions that focus on their experience and how to deal with the trauma and to prevent it from being carried over to the next generation”.

Statutory, residential and/or alternative care was not relevant to the discussion. The participants did, however, refer to reunification and aftercare with a focus on restoring relationships to enhance social functions: *“The focus is on restoring family relationships”*.

Based on the discussions of services to children and young adults who have been exposed to domestic violence, the social worker participants made suggestions for practice. This will conclude the discussion of the findings.

Theme 6: Suggestions for services to children and young adults

The social workers who participated in this study emphasised the significance of needs assessments, identified specific methods to include in services, highlighted knowledge and skills needed to deliver effective services, and referred to the importance for a multi-disciplinary approach when making suggestions for social work services to both children and young adults who are affected by domestic violence during childhood.

Sub-theme 6.1: Needs assessment

In line with the findings in Theme 4 and Sub-theme 5.1 above, the social worker participants suggested that services to children and young adults who are direct victims of domestic violence during childhood should be based on an in-depth and holistic assessment of their needs (cf. Cheng, 2000:29-34; Healy and Bell, 2004:1-2; United Nations Refugee Agency, 2009:17; McClennen, 2010:3-5). The needs assessment ensures that the client can explain his/her understanding of their problems and needs, similar to the explanatory model of assessment (cf. United Nations Refugee Agency, 2009:17). The determination of the client's needs must then direct services that are provided.

“It is important to be liberal when you as social worker deliver services to the client. We must also be informed about the client’s social background, habits and lifestyles and then work according to their needs.”

“A detailed assessment must be done in order to determine the needs of the children, and also the young adults when we work with them”.

“Comprehensive assessments must be conducted in order to render specific needed services”.

“The social worker must make sure that the client is included in appropriate service according to their needs”.

The latter two statements emphasise services that are based on the identified needs of the client. The next sub-theme elaborates on the specific methods that can be used, as identified by the participants.

Sub-theme 6.2: Specific methods to include

At a micro level of service delivery, the participating social workers identified therapeutic services: *“The therapeutic services should have a holistic focus, involving all members of the family and not only the child”*. These services should include the child and also the different family members. The participants referred to the family dynamics that should receive attentions: *“Educating the child regarding the family dynamics and the impact that it has on his/her life”*. This suggestion relates to the findings in Category 4.1.2 (cf. WHO, 2001).

At a mezzo level of service delivery, support groups were suggested as a method to provide children and young adults with a platform where peers can provide each other.

“In my opinion, support groups will be ideal”.

“Rendering support of support groups for these children to cope within the family setting.”

The above suggestions align with the descriptions of valuable support provided by the young adults who participated in this present study (cf. Chapter 3, Sub-theme 4.2). Newman and Newman (2012:292-312) explain that peer groups can provide children with a platform to develop a sense of achievement and where they can find recognition. Social workers must therefore design such support groups to encourage positive support that will lead to recognition, acknowledgement, and a sense of mastery. O'Brien et al., (2013:96) describe peer support groups as informal in nature, and where children can feel safe and cared for.

At a macro level, the participating social workers focused their suggestions on an advocacy role and the importance of community awareness programmes, as follows:

“Though advocacy, social workers must ensure that there is sufficient political will to establish and structure a Victim Empowerment Programme that is equip and offers specialised knowledge and guidance in order to ensure that there is an appropriate and just response to the human vulnerability informed by domestic violence”.

“Social workers must act as activist for victims of domestic violence in cases where clients keep silent”.

“Social workers must get involved in effective awareness campaigns in the communities”.

The participating young adults also suggested that awareness campaigns should be included in social work service delivery so that children and other family members will know what their rights are and where they can find help. Goodman and Smyth (2011:79-92) link the suggestions made by the social worker participants saying that awareness programmes should be aimed at creating awareness so that victims will know how and where they can obtain support; it should also be aimed ensuring the involvement of all stakeholders in the community. Bolden (2010:26) adds to this description and concurs that awareness programmes also serve as a preventative tool through education. In addition, the parents (both victims and perpetrators) can become aware of the influence of the domestic violence on their children and be linked to services that could support their children.

The participants also noted that social workers must be knowledgeable and skilled to work with children and young adults who are direct victims of domestic violence during childhood.

Sub-theme 6.3: Knowledge and skills needed

The suggestions below indicate the need to acknowledge services to victims of domestic violence as a specialised field where social workers need specific education and training.

“Domestic violence cases need intensive intervention and therapy. Social workers must be adequately educated and expert in the victim empowerment sector”.

“I, for one, am of the opinion that social workers should be more aware of their role in domestic violence incidents. This will create a plethora of knowledge in respect of domestic violence and appropriate social work interventions to respond to the phenomenon”.

“I firmly believe that social workers must continuously be aware of updated information regards domestic violence and services to victims”.

“Social workers must be aware of their important role in the service delivery process”.

“Social workers must also aim to equip themselves with knowledge and skills in order to understand the effect of domestic violence on the individual and broader society so that proper interventions can be planned”.

The importance of the role of social workers in services to victims of domestic violence was highlighted above, as suggested in the following statement: “Social/

workers should be the forerunners of these specialised services and care of these clients". Furthermore, one participant noted that research findings should inform the development of knowledge and skills among social workers: *"In my own view, social service professionals are undermining the power of research as a method in social work. Research generates new knowledge that can be used to design effective and efficient social programmes"*. The latter statement confirms Callaghan et al.'s (2015:1-2) viewpoint that "recognising children's experiences of domestic violence and abuse is an important concern in working effectively with them as victims and survivors". In addition to the ability to engage with the child's experiences, Hines (2015:109-119) emphasises that professional knowledge about the cycle of family violence and how to address the child's vulnerability and increase resilience is needed to ensure effective service delivery.

The participating social workers referred to the ability and skills to build a relationship of trust with children and young adults, based on long-term services and to knowledge provided through guidelines in legislative and policy documents as ways to ensure that the needed knowledge and skills are developed.

Category 6.3.1: A trust relationship is needed

The importance of trust in the relationship between the social worker and children/young adults was emphasised in this present study (cf. Categories 2.2.1 and 3.1.1 above; cf. also Chapter 3, Sub-theme 5.1 and Chapter 4, Sub-theme 5.1). When making suggestions regarding how to develop relationships that will contribute to services to children and young adults, this aspect was again brought to the fore: *"I strongly believe that the establishment of a trust relationship between the therapist and the client will contribute positively to disclose and share precise details with emotions they experienced"*. As was mentioned in the presentation of the findings, this aspect is also emphasised in the literature (cf. National Association of Social Workers Foundation in the United States of America, 2010:1; Keeling and Van Wormer, 2012:1354). This, however, requires

long-term engagement with these clients, as highlighted by the statements below:

“I am of the opinion that continuous support and motivation must form the foundation of any service”.

“Support services must be continuously available until the client indicates that no services are needed”.

“The services must be accessible and client friendly”.

Challenges regarding long-term access to social work services and building a relationship of trust with the social worker should therefore be included in legislative and policy guidelines (cf. Dlamini and Sewpaul, 2010:469).

Category 6.3.2: Legislative and policy guidelines

The participants noted that legislation and policies must continuously be revisited to include the needs of clients. It should therefore be research-based, as indicated by Callaghan et al., (2015:1-2): *“New legislation and policies must be developed to give guidelines and structures to more effective services to the community”*. In addition, guidelines must clearly indicate how a service should be implemented, and include the knowledge and skills required: *“The Victim Empowerment Programme (VEP) must put more emphasis on a holistic approach with regards to victims of domestic violence and services”*. The latter part of this statement by one of the participant’s underscores the importance of providing children/young adults with a holistic service, which highlights the relevance of a multi-disciplinary approach.

Sub-theme 6.4: A multi-disciplinary approach

In line with the identified need for resources in Sub-theme 4.3 (cf. Dlamini and Sewpaul, 2010:469; Alpaslan and Schenck, 2012:367-386; Tshesebe and Strydom, 2016:1-19), the participants reported that access to different stakeholders are needed to ensure that referrals can be made:

“If referrals are needed for more services; that the relevant stakeholders must be involved”.

“We must be aware of our referral systems available to our client”.

In conclusion, and in order to ensure that children and young adults receive holistic support, the participating social workers suggested that multi-disciplinary teams should be established: *“The establishment of a multi-discipline professional team can be very effective to streamline services to both children and young adults and ensure comprehensive professional services on all levels of their lives”.* This suggestion was also aimed at ensuring the accessibility of services: *“Establish multi-disciplinary teams in the communities to form a one stop centre where the children and young adults can have direct access to all the relevant services.”*

4.3 CONCLUSION

In Chapter 3, the findings related to the recollections of young adults about their experiences of being exposed to domestic violence during their childhood and how it continues to affect them was presented. These findings were supplemented and compared to findings regarding social workers' experiences and perceptions regarding services to children exposed to domestic violence. The latter findings also focused on services to young adults who have been exposed to domestic violence during their childhood.

The final chapter will present a summary of the research methodology that was employed and the findings of the study. Conclusions will be drawn and compared

to the theoretical framework that informed the present study. In addition, some recommendations for further research and practice will be made.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Tshiguvho et al., (2008:47-49), Hague et al., (2011:1) and Finkelhor et al., (2009), to mention a few examples, identified a specific limitation in social services to children who are affected by domestic violence. This research study therefore sought to address the gap in the literature concerning the descriptions of children exposed to domestic violence by focusing on their specific experiences and needs with the aim of developing effective social services. Based on the abovementioned identified need, three research questions guided this study, namely:

- How do social workers support young adults who as children experienced domestic violence?
- What are the experiences of children regarding domestic violence as recollected by young adults who were exposed to such experiences as a child?
- How should the social work profession support children who experience domestic violence?

These questions resulted in the formulation of two research goals, namely:

- 1) From the perspective of social workers rendering child and family welfare services, to explore and describe the social work services rendered to children who are exposed to domestic violence.
- 2) To develop an in-depth understanding of the experiences of children exposed to domestic violence, as recollected by young adults who experienced domestic violence as a child, in order to proffer suggestions for social work services to child victims of domestic violence.

The theoretical framework that informed this research study was based on the established need to develop a better understanding of children exposed to

domestic violence, as described by the young adults. Attachment theory (cf. Waters et al., 2005:81), based on a framework that incorporates both systems and social behavioural perspectives, informed this research study (cf. Hutchison et al., 2015:60-63).

Current social work services to children exposed to domestic violence were explored through data obtained from social workers. Due to ethical concerns regarding how an exploration of children's experiences could affect them, it was decided to rather obtain the information from young adults who had experienced domestic violence during their childhood. This resulted in findings that also reflected the needs of these children later in life.

This thesis consists of five chapters. Chapter 1 provides a background to the study, while Chapter 2 consists of an in-depth discussion of the research methodology that was utilised. The findings are presented in Chapters 3 and 4. This final chapter presents the researcher's conclusions and recommendations that were drawn from the research findings and the literature control. Attention will now be turned to these final points.

5.2 CONCLUSIONS

Purposive sampling, a non-random sampling technique, assisted the researcher to obtain data from 10 social workers who were registered at the South African Council for Social Service Professions, and employed by the Department of Social Development in the Drakenstein Local Municipal Area. These participating social workers had experience working with children exposed to domestic violence. Similarly, a sample of 12 young adults between the ages of 18 and 34 years (i.e. in the developmental stage of late adolescence and early adulthood) was drawn. These young adults were exposed to domestic violence during childhood (i.e. witnessed or were direct victims of domestic violence), and received or were receiving social work support services in the towns of Paarl,

Wellington, Hermon, Gouda and Saron in the Drakenstein Local Municipal Area in the Cape Winelands area of the Western Cape.

Tesch's (1990) eight steps for qualitative data analysis, as described by Creswell (2009:186), guided the data analysis process. The findings were exposed to a literature control. In this section, conclusions will be drawn related to the research methodology that was utilised (Chapters 1 and 2), young adults' experiences and perceptions regarding their exposure to domestic violence during their childhood (Chapter 3), and social workers' experiences and perceptions regarding childhood exposure to domestic violence and social services to these children (Chapter 4). The conclusions will be reflected on in terms of how they are related to the theoretical framework.

5.2.1 Conclusions regarding the research methodology

The qualitative research approach adopted in this study assisted the researcher to explore the meanings that social workers and young adults attach to childhood exposure to domestic violence and their perceptions regarding social work services needed. Their experiences and perceptions emerged through the narratives they shared with the researcher. Additionally, suggestions for services to children and young adults who are or have been exposed to domestic violence were obtained (cf. Leedy and Ormrod, 2013:94-97). This approach proved to be effective to achieve the research goals of the study, especially in combination with the phenomenological, contextual, explorative and descriptive research designs. These designs were particularly useful regarding the choice and implementation of the research methodology. The lived experiences of the phenomenon of domestic violence and perceptions reflecting the contexts of the households in which domestic violence occurs were explored and described. This, then, provided the researcher with information pertaining to the research questions, which informed the recommendations that will be listed at the end of this chapter (cf. Nicolls, 2009:587; Monette et al., 2010:219). The phenomenological research design proved to be particularly useful to identify the populations of this study and assisted the researcher with the identification of the

sampling criteria. This design also guided the questions asked, the method of data collection and recording, and the framework from which data were analysed. Furthermore, the contextual research design complemented the phenomenological research design, as it assisted with the identification of the sampling criteria and guided the choice of sampling method and technique that was employed. The explorative and descriptive research designs complemented the abovementioned designs and effectively guided the choice and implementation of the sampling method and techniques, as well as the methods of data collection and analysis.

As mentioned above, the research designs provided a framework from which the researcher was able to identify the populations that could assist her in answering the research questions (cf. Fox and Bayat, 2007:52). The non-probability sampling method was used together with the purposive sampling technique. This method and technique ensured that the samples represented those persons who were best equipped to answer the research questions (cf. Creswell, 2009:125). This then led to the attainment of the research goals.

The use of semi-structured interviews as the method of data collection helped the researcher to remain focused on the research questions and goals, while allowing the participants to add aspects that they deemed relevant to the research topic. This assisted the researcher to not only obtain data related to children who are exposed to domestic violence and the need for services to them, but also data related to the long-term effect of domestic violence, which requires services to young adults who were exposed to domestic violence during childhood. Due to the sensitivity of the research topic, individual interviews provided participants with a safe and private environment where they could share their experiences and perceptions (cf. Cohen et al., 2007:270). Data was collected until data saturation was detected. The researcher continued with two more interviews after saturation was observed to ensure that no more information was obtained (cf. Grinnell et al., 2010:162). This contributed to a thick description of the experiences and perceptions of both populations. Tesch's (1990) eight

steps for data analysis, as described by Creswell (2009:186), served as an effective framework from which both the researcher and the independent coder could analyse the data. It provided a scientific step-by-step guide to follow to ensure that the themes, sub-themes, and categories that emanated from the data collection could be identified.

Data verification in qualitative research is important to ensure the validity of the research findings (cf. Thomas and Magivy, 2011:151). The use of Guba's model for the verification of qualitative data (cited in Krefting, 1991:214-222), as adapted by Schurink et al. (2011:429), provided the researcher with a clear guideline of ways to ensure that data could be verified adequately. The credibility/authenticity of the data in this study focused on ensuring that the data presented is in line with the data obtained from the participants. The interview guide and interview techniques, as well as methods of data collection, recording and analysis supported the researcher in this regard. The use of transcripts that were obtained from audio recordings and field notes, an independent coder, and more than one population (i.e. triangulation of multiple sources of data) further contributed to the authenticity of the data presented in this study. The in-depth description of the choices and implementation of the research methodology in Chapters 1 and 2 contributed to the transformability and dependability of the qualitative data obtained in this study. In this way, the methodology can be used by other applicable research studies. Additionally, a literature control also contributed to the dependability of the research findings. The neutrality of the findings of this study was addressed through the concept of conformability. The use of transcripts and field notes to record the data and the data analysis by the independent coder assisted the researcher in this regard.

The ethical considerations that were taken into account to safeguard all participants and the data collection process included: Do no harm, informed consent, confidentiality, anonymity, beneficence, debriefing of participants and management of information (cf. Strydom, 2011:126; Bless et al., 2013:143; Kumar, 2014:212). These aspects were discussed with the participants

beforehand. In short, the inclusion of these considerations, firstly, assured the participants that their well-being was considered; secondly it guided the researcher's approach to data collection and data analysis, and thirdly, it ensured ethical practice during the implementation phase.

It can be concluded that the research methodology employed in this study enabled the researcher to answer the research questions. The conclusions related to the findings of this study will be discussed next.

5.2.2 Conclusions regarding young adults' experiences and perceptions regarding their exposure to domestic violence during their childhood

The findings depicting the participating young adults' experiences and perceptions resulted in six themes. Conclusions based on each of these themes will be discussed below.

Theme 1: First memories of domestic violence

This theme described the age and developmental stage when the participants first became aware of the domestic violence. Through their descriptions one cannot conclude that this was the first time they were exposed to domestic violence; however, one can determine the age at which the child became aware of the violence. In this study, it was found that the schoolchild and adolescent developmental stages represent the time when the participants became aware. Specific reference was made to an awareness of the influence of violence on the parent who was the victim of the domestic violence. The descriptions point to an experience of being helpless, which then negatively influenced the development of their sense of self as well as their identity and self-efficacy (cf. Newman and Newman, 2012:292-312).

From a **systems perspective** (cf. Hutchison et al., 2015:60-63), the awareness of domestic violence between parents/caregivers influences the child's perceptions and experiences within the household and this then influences the

mastering of developmental tasks. The participants' descriptions of becoming aware was consistent with this theoretical description. In terms of **attachment theory**, the descriptions in this theme point to anxious-resistant insecure attachment (also called ambivalent attachment) where helplessness determines the child's perceptions regarding developing trust in inter-personal relationships (cf. Waters et al., 2005:81).

Theme 2: The nature of the domestic violence

Domestic violence was described as a way of life during the participants' childhood. It is concluded that the trauma of being exposed to domestic violence an aspect that influenced them over a prolonged period of time (cf. Tshiguvho et al., 2008:10).

The participants described their view of domestic violence, based on their childhood experiences, in terms of a link between emotional and physical abuse, being abused themselves and contributing factors. Emotional abuse led to the belittlement of the parent who was the victim of the abuse, as well as coercion and a way to address problems and conflict within the household. The participants also described that physical abuse was accompanied by emotional abuse. It becomes necessary to explore the different types of abuse and how they link with one another in order to understand the specific needs of families who experience domestic violence.

The witnessing of physical violence was described in terms of hearing and seeing the violence (cf. Hogan and O'Reilly, 2007:7). However, the participants did not indicate that one form of witnessing was more intense than the other. It can be concluded that any form of witnessing will affect the child. The descriptions of the participating young adults regarding the witnessing of physical abuse points to feelings of fear and helplessness as a result of such exposure. It was interesting that the descriptions indicated that the parent who was the victim appeared to be helpless and powerless, and that the child then also experienced

a sense of helplessness. Although it cannot be concluded that the feeling was transferred from the parent to the child, it is important to note that the different systems within the family can experience the same feelings. Some of the descriptions of the physical violence that was witnessed also point to trauma for the child. While describing these events, the participants were able to recall finer details such as blood and feelings they experienced at the time of the event.

Childhood exposure to domestic violence, as described by the participating young adults, did not only focus on violence between parents/caregivers, but also included child abuse in terms of sexual and physical abuse. The latter occurred as a result of the child attempting to protect the parent who was the victim. It is concluded that domestic violence can indicate that different family members become direct victims of the abuse and that both witnessing and experiencing the violence can affect the child's psychosocial well-being (cf. UNICEF, 2012:12).

Contributing factors that were described as "trigger events" were identified as financial reasons, infidelity, and substance abuse. These contributing factors are confirmed in the literature (cf. Jura and Bukaliya, 2015:69). The findings show that stress and conflict management is not effective in households where domestic violence occurs. It is concluded that these aspects should serve as focus areas for service delivery as a way to prevent domestic violence from continuing. It is also concluded that the prevalence of substance abuse can be an indicator of actual or potential domestic violence (cf. South African Police Service, 2014:9-10; Slabbert, 2015:665).

The nature of domestic violence was described in terms of long-term exposure to not only the emotional, physical, and/or child abuse that took place, but also in terms of an inability to deal with stress, conflict, and problems within the household, as well as substance abuse. This links well with both the **systems** and **social behavioural perspectives** (cf. Hutchison et al., 2015:60-63), as the findings portray how parental conflict affected them and how the different

systems in the family were affected. It became a way of life (learned behaviour), based on the interactions between the family members. Similar to the conclusions regarding Theme 1, the findings in this theme point to anxious-resistant insecure (ambivalent) **attachment** that influenced a sense of security negatively (cf. Waters et al., 2005:81).

Theme 3: The influence of domestic violence

Emotional and social influences of domestic violence on children were identified as having the main effect during childhood. Some statements provided clear descriptions of how these influences escalated over time.

On an emotional level, children experience fear and concern not only for themselves, but also for their siblings, and especially for the parent who is the victim of the domestic violence. Some statements illustrated how the young adults feared for these parents' lives. Even if they left the household, for example, by going to a friend's house, they were still concerned about the parent who stayed behind. The participants experienced guilt, due to the belief that they were responsible for the violence in the household. Fear, worry and guilt then resulted in depression and suicidal thoughts. The participating young adults reported that they felt unloved and unwanted and that this contributed to depression (cf. Thornton, 2014:96).

A low sense of self was associated with the abovementioned emotions that were experienced. This then led to a lack of interest in school work (cf. Stanley et al., 2012:192-201). Early school dropout, as a result of exposure to domestic violence, was described in terms of the emotional influence that was experienced (cf. Edleson et al., 2007:961-971).

The social influence of domestic violence was reported to be particularly prevalent during the adolescent years where identity formation is dependent on social experiences (cf. Newman and Newman, 2012:69-72). A clear link between the emotional influence and the social influence of domestic violence on children

was detected. Emotions that influenced social functioning included shame and feeling judged by the community. This then led to social isolation on the one hand and to association with negative peer groups on the other hand. The abovementioned early school dropout as a result of exposure to domestic violence can also be linked to the influence of a negative peer group. Interestingly, the participants described how their association with negative peer groups further influenced their sense of self-worth (cf. Sawyer and Burton, 2012:19).

While describing the influence of domestic violence, the participating young adults noted different family members' responses to the domestic violence. The parents who were the victims of the abuse were depicted as helpless and not able to protect themselves from the abuse. This description relates to the controlling nature of intimate partner violence where the victim becomes helpless because of the controlling behaviour of the perpetrator (cf. The Centre for the Study of Violence and Reconciliation, 2016:6-7). It was noted that the parent who inflicted the violence totally disregarded the influence thereof on family members. The participating young adults reported that they mostly perceived their siblings as withdrawing from the situation, while some responses illustrated how siblings did try to intervene or requested them to intervene (cf. Devaney, 2015:86). Their responses show a lack of awareness of their siblings' experiences, and point to limited communication about their feelings and perceptions related to the domestic violence. The influence of domestic violence can therefore also be seen in the relationships between the family members where domestic violence occurs.

Efforts to intervene included physical interventions, begging and screaming. The latter point indicates that children feel responsible to address the domestic violence. However, the participants in this study reported that the children's efforts to intervene had no significant impact. The descriptions of the participants as well as the literature (cf. Cunningham and Baker, 2007:9; Overlien and Hyden, 2009:489; Devaney, 2015:86) show that while withdrawing served as a coping

and protective mechanism, their efforts to intervene influenced them negatively. The participants reported that their efforts to intervene meant that they learned to act in a violent manner and that this became a way to deal with conflict in interpersonal contexts. Therefore, the social influence of domestic violence was highlighted. By recognising that their violent reactions to interpersonal conflict was a result of the anger they felt about what was happening in their households, a link was drawn to the emotional influence.

The findings regarding the influence of domestic violence on children relate to the **social behavioural perspective** in terms of "...association of environmental stimuli, reinforcement, imitation, and personal expectations and meaning" (cf. Hutchison et al., 2015:60-63). Social learning was identified as a key aspect needing attention when addressing the influence of domestic violence during service delivery (cf. Jura and Bukaliya, 2015:69; Kaur and Garg, 2008:73-76). Furthermore, in terms of **attachment theory**, the emotional influence affects the child's sense of self-worth, which leads to the avoidance of close relationships (cf. Godbout et al., 2009:368).

Theme 4: Support received or not received

In line with the anxious-resistant **insecure** (ambivalent) **attachment** that influenced the sense of security negatively (cf. Waters et al., 2005:81), some participants reported that they did not experience support in their homes. It can be concluded that, in such cases, the different family members withdraw and find individual ways to deal with the situation, which leads to members feeling isolated and "left to fend for themselves". The participants described communication in these families as limited, which they attributed to a lack of trust between members (cf. World Health Organization, 2012). This, in turn, will affect future relationships.

In line with the **systems** perspective (cf. Hutchison et al., 2015:60-63), some participants noted that the siblings provided each other with comfort and a safe

place where they could share feelings and dreams. This points to a form of **secure attachment** that was experienced in the family system, although not from the primary caregivers (cf. Kreider and Ellis, 2011:70-126). Some participating young adults reported that the parent who was the victim of the domestic violence was the primary source of support in the home. These parents, as primary caregivers, contributed to the experience of being cared for, which facilitated social and emotional well-being, and in turn, the establishment of a secure attachment (cf. Waters et al., 2005:81).

Support outside of the household where the domestic violence occurred included peer groups, friends of the family, the school, and the church. Although social support systems such as these have the potential to provide vulnerable children with protection and safety, the participants in this study indicated that they did not inform these systems of the extent of the domestic violence. The value of these support systems was that they provided a place where they could escape from the violence (albeit temporary) and enjoy the positive experience of a healthy family (cf. O'Brien et al., 2013:96).

The focus of this research was on social work services to children exposed to domestic violence. The participants in this study, however, reported that they did not receive such services and support from social workers. Some contributing factors to the lack of services were identified as:

- The unspoken rule in these families not to divulge the true nature of the violence that was taking place in these households (cf. Carr, 2016:1-5),
- Services were provided, but focused on other social issues (e.g. substance abuse, financial issues, etc.) and not specifically the children (cf. Keeling and Van Wormer, 2012:1354), and
- The lack of awareness of the availability of services and where to find support.

In light of the above, the participating young adults suggested the following types of support for children exposed to domestic violence: children should be made

aware of services, and these services should be available and accessible (cf. Department of Social Development, 2013:31); services should focus on empowering the parent who is the victim of the domestic violence; children should be provided with alternative care options, and long-term counselling must be made available for all family members, focusing on their different needs.

Theme 5: The influence of exposure to domestic violence during childhood on the young adult

The participants, being young adults, also provided important information regarding the influence of childhood exposure to domestic violence on their present lives. It was concluded that, based on the specific social work support needs that were not met during childhood, these young adults are now in need of social work services to address unresolved emotions such as trust, fear, anger, and aggression. In terms of the attachment theory, these unresolved feelings lead to resistant **insecure** (ambivalent) **attachment**, which influences their relationships during young adulthood (cf. Waters et al., 2005:81; Hendricks et al., 2013:2). It is concluded that family relationships should receive attention so that the influence of ambivalent attachment can be addressed. The specific focus of relationship counselling should be on resolving emotions experienced by the different members, understanding the experiences of other family members through healthy communication styles that must be learnt, and developing self-worth within the family system (cf. Magwa, 2013:583). This new experience of family relationships can contribute to revised norms for relationships outside of the family (cf. Jura and Bukaliya, 2015:69; Breetzke, 2012:299).

In addition, the cycle of abuse becomes integrated in the way young adults who were exposed to domestic violence during childhood deal with problems and conflict, as they repeat the cycle and act violently as a way of responding to problems and conflict (cf. Rzepka, 2007:2). The researcher concludes that violent reactions during young adulthood is a form of social learning that needs to be addressed in an effort to break the cycle of violence (cf. Jura and Bukaliya,

2015:69). In terms of the **social behavioural** and **systems perspectives**, young adults need access to systems where they can be exposed to positive models of behaviour to become skilled in addressing problems and conflict effectively and without violence (cf. Hutchison et al., 2015:60-63; Hague et al., 2011:2; Nakra, 2014:217).

Social issues, such as substance abuse, affiliation with gangs, and involvement in crime among young adults exposed to domestic violence during childhood should be acknowledged when working with the above-mentioned social issues. Social workers should identify the need to be exposed to **systems** where alternative examples of social behaviour can be provided (cf. Slovak et al., 2007:77-99; Kasundu et al., 2012:8264), while acknowledging that the young adult who has become involved in the above-mentioned social issues needs to develop a healthy self-image, identity and self-worth (cf. Moylan et al., 2010:53-63; Anda et al., 2010: 93-98).

Theme 6: Suggestions regarding social work support for children exposed to domestic violence

The responses of the participants regarding services that they believe children exposed to domestic violence need point to services that include the whole family. It is concluded that services to the parents that are aimed at addressing the violent and controlling behaviour from one parent (considering that this parent could also have been exposed to domestic violence during childhood) and the empowerment of the parent who is the victim of the violence, will provide opportunities for change in the care of these children. The empowerment of the primary caregiver, who is often the victim of the domestic violence, can provide a platform where **secure attachment** can be formed (cf. Waters et al., 2005:81). The empowerment of parents can take place via individual and couple counselling, as well as through support groups and access to support services (cf. Riel et al., 2014:478). The family members must be made aware of how and

where they can find safety (cf. Song, 2015:527-548; Hamby et al., 2014:325-336), with an emphasis on information provided to children living in such homes.

Specific services to children should place the emphasis on ensuring physical and emotional safety (cf. Song, 2015:527-548; Hamby et al., 2014:325-336). This should, however, not become the focus of services to children. They need to be able to build trusting relationships with social workers (cf. Healy and Link, 2012:510), where the impact of resistant **insecure** (ambivalent) **attachment** (cf. Waters et al., 2005:81) must be considered. Counselling ought to be based on the emotional and social needs of the children with the aim of providing them with a space where they can reach the different developmental goals and learn how to deal with the trauma they have experienced. In terms of the long-term exposure to domestic violence that was reported, social work services are required be long-term in nature. Community resources can be included to ensure that the long-term influence of exposure to domestic violence is addressed effectively (cf. Goodman and Smyth, 2011:79-92). In terms of the **systems** and **social behavioural perspectives** (cf. Hutchison et al., 2015:60-63), social support systems should be mobilised to address safety needs, provide emotional and social support and to provide children with positive and healthy models of socio-emotional functioning.

5.2.3 Conclusions regarding social workers' experiences and perceptions regarding childhood exposure to domestic violence

The findings that portrayed the participating social workers' experiences and perceptions resulted in six themes. Conclusions, based on each of these themes will be discussed below.

Theme 1: The nature of domestic violence from the social workers' perspectives

The social workers that participated in this research study described domestic violence as a result of inadequate conflict-management skills. It is concluded that the conflict-management style of families where domestic violence occurs is

based on intimidation and coercive control. This, then, leaves the victims (including children who are exposed to violence between the parents) helpless (cf. Rakovec-Felser, 2014:1821; Callaghan et al., 2015:10). The empowerment of victims of domestic violence through life skills such as assertiveness, the ability to disclose and to ask for support is seen as an important component to consider during service delivery.

Substance abuse was described as a contributing factor to the domestic violence, as well as a consequence of the domestic violence (cf. Slabbert, 2015:665). The participants pointed out that substance abuse is not only associated with the perpetrator, indicating that the victim can also be abusing substances. On the one hand, being under the influence of substances can cause the violent behaviour, while on the other hand the victim may be abusing substances in an attempt to deal with the stress of the violence (cf. Alhabib et al., 2010:369-382). The latter statement again points to a need to assist victims of domestic violence to deal with the influence of domestic violence.

In this present study, the findings resulted in a description of children exposed to domestic violence as direct victims of domestic violence because of the physical, emotional, and social consequences of the exposure on their development. The participants distinguished between children who either hear or see the violence between the parents and children being physically or sexually abused as well. In both cases, the influence of the violence is seen as directly influencing the well-being of the child (cf. Stanley et al., 2011:2372-2391; Evans et al. 2014:527-536; Callaghan et al., 2015:4-5).

Theme 2: The influence of domestic violence on children

According to the findings of this research study, children are influenced on the emotional, social and behavioural levels when exposed to domestic violence (cf. Jeevasutha and Hatta, 2012:202; DeJonghe, 2014:174–182).

The social work participants acknowledged that children exposed to domestic violence experience fear, sadness, insecurity, guilt and shame, which impacts on their **attachments** (cf. Waters et al., 2005:81). The lack of disclosure or support to victims of domestic violence contributes to the feeling of being unsafe and that resolution is simply not possible. This in turn negatively influences the child's self-esteem and self-worth.

Violent behaviour as a result of exposure to domestic violence was reported by the social workers. This learned behaviour contributes to the cycle of violence, as it is repeated in relationships outside of the household (cf. Överlien and Hydén, 2009:479–496; Jeevasutha and Hatta, 2012:203; Thornton, 2014:97-98). It is concluded that the previously mentioned inadequate conflict-management styles as a cause of domestic violence is then transferred to new relationships, thereby contributing to the maintenance of the cycle of violence. The negative feedback children obtain when acting violently further confirms to the child that he/she is not worthy. A vicious cycle is formed where the emotional influence impacts on their behaviour, which in turn impacts on the social well-being of the child, and leads to further emotional distress.

In this study, the controlling and intimidating nature of family relations was noted as a reason why children do not disclose domestic violence. The unspoken rule of not talking about problems in the household is a typical aspect associated with domestic violence and substance abuse. In addition, if the parent who is the victim of the violence does not disclose, the children learn that it is the norm to avoid seeking outside help (cf. Thornton, 2014:96; Hines, 2015:109-119). Shame and fear of judgement by the community were also identified as reasons why children refrain from disclosing (cf. Allen, 2012:870–886). It was concluded that social workers must be sensitive to the link between the emotional and social influences of domestic violence and the ability to disclose and/or reach out for support. This sensitivity should result in a relationship between social workers and such children where trust is established and they feel safe to disclose (cf. Graham-Bermann et al., 2011:1056–1076).

Theme 3: The influence of domestic violence during childhood on the young adult

The participating social workers reflected on the influence of domestic violence during childhood and noted that young adults find it difficult to re-visit the family situation. It becomes important that social workers assist young adults in need of social services to reflect on the impact of their childhood on their present ability to deal with life situations. According to the participants, the young adults might suppress feelings related to the past because of the painful nature of these events or they tend to avoid discussing their problems because they are afraid of being judged (cf. Bogueanu, 2012:153-174; Allen, 2012:870). The latter aspect can be related to experiences during childhood where the young adults felt that their situations and needs were not viewed as important (cf. Callaghan et al., 2015:4-5). This lack of trust during the young adult developmental stage can also be related to the influence of a lack of trust within the family, which is in line with the **attachment theory** (cf. Waters et al., 2005:81).

The social workers reported experiences where young adults made use of social work services to break the cycle of violence. The motive behind reaching out for social work support services is based on continued problems within relationships and the need not to repeat what happened to them during their childhood. The importance of building a trust relationship with the young adults in an effort to provide effective support was highlighted. In order to break the cycle of violence, young adults need social work support to develop healthy coping skills, work through unresolved emotions, and to develop life skills that can assist them achieve emotional and social well-being (cf. Hague et al., 2011:2; Nakra, 2014:217; Fitzpatrick, 2014:606).

A long-term influence of domestic violence was reported to be the repetition of violent reactions during conflict in interpersonal relationships. It is concluded that social workers should explore the reason behind domestic violence when

working with perpetrators, as they might have been exposed to domestic violence during their childhood. As a result, they continue the cycle of violence as adults (cf. Allen and Ní Raghallaigh, 2013:1-17). Other social issues that may be the reason why young adults become clients and that could indicate exposure to domestic violence during childhood are identified as high-risk behaviour, such as risky sexual practices, involvement in crime and substance abuse (c.f. Slovak et al., 2007:77-99; Hendricks et al., 2011:2; Kasundu et al., 2012:8264). These young adults must deal with their past experiences and be supported to learn new coping skills.

Theme 4: The nature of social work services to children exposed to domestic violence

In this study, the participants reported that services are based on assessments of the family. They acknowledged that the different family members should be assessed individually, since their experiences and needs may differ (cf. McClennen, 2010:3-5). The participants indicated that therapeutic services are offered to families, individually or in groups. The focus of such services is to address the emotional influences of domestic violence and related trauma. However, it was noted that services are mainly problem-orientated, meaning that immediate situations are being addressed, while limited attention is given to the influence of the exposure in terms of emotional, social and behavioural issues that could lead to long-term negative influences on well-being and functioning.

Referrals to specialised services were reported as an important part of social service delivery. However, the participating social workers expressed that access to resources is an obstacle that impacts negatively on service delivery, partly because of the lack of availability of resources and partly because of the costs involved. Other obstacles that are being experienced include infrastructure, such as office space to develop a trusting relationship with children, access to transport to increase availability to these children, and specialised knowledge to understand and be able to effectively address the needs of children in

households where domestic violence takes place (cf. Department of Social Development, 2013:31; Dlamini and Sewpaul, 2010:469; Alpaslan and Schenck, 2012:367-386; Tshesebe and Strydom, 2016:1-19).

Theme 5: The nature of social work services to young adults who were exposed to domestic violence during childhood

The participating social workers reported that services to young adults regarding their exposure to domestic violence are limited. However, they noted that they become aware of the influence of childhood exposure to domestic violence when delivering services of a different nature, for example, offering support for substance abuse-related problems. It is concluded that social workers must become aware that exposure to domestic violence has a long-term physical, emotional, behavioural, and social influence (cf. UNICEF, 2006:16). Within a trusting relationship and through ongoing assessments disclosure becomes possible. Services aimed at the influences of childhood exposure to domestic violence on young adulthood can therefore not only contribute to addressing the present problems experienced, but also to breaking the cycle of domestic violence, thereby learning to deal with the negative impact of exposure.

Theme 6: Suggestions for services to children and young adults

A holistic needs assessment to identify the needs of the family as a whole, as well as the individual needs of the family members should direct services to both children and young adults (cf. Cheng, 2000:29-34; Healy and Bell, 2004:1-2; McClennen, 2010:3-5).

On an individual level, the social workers highlighted the need for holistic therapeutic services. It is concluded that services should not only focus on the individual child/young adult, but also on the family system and the interactions that influence the child/young adult. This is in line with the **social behavioural** and **systems perspectives** (cf. Hutchison et al., 2015:60-63), as the nature of such services acknowledge the interplay between the different family members and their well-being. It also places the focus on finding healthy coping mechanisms and ways to deal with the influence of the exposure to domestic violence, which could lead to learning different behaviours that will have a positive effect on the emotional and social well-being of the child/young adult.

Also focusing on the **social behavioural and systems perspectives**, peer support groups were identified as a method where children/adolescents and young adults can learn to deal with the influences of the exposure to domestic violence and learn social and life skills that in turn can help them attain their developmental goals (cf. Newman and Newman, 2012:292-312; O'Brien et al., 2013:96).

The participants acknowledged the need to create awareness in communities. On the one hand, and in line with the **systems perspective**, victims of domestic violence must be made aware of their rights, the impact of domestic violence, and how and where they can find support. On the other hand, communities must become sensitive to the effects of domestic violence and how they can support victims. In addition, awareness programmes should aim at preventing domestic

violence by making people aware of the contributing factors (cf. Goodman and Smyth, 2011:79-92; Bolden, 2010:26).

Also in line with the systems perspective, the role of multi-disciplinary teams to ensure a holistic approach to services to children exposed to domestic violence should be acknowledged. This is one way to ensure long-term services that leads to effective services that address the influences of domestic violence on children.

Lastly, the importance of including the felt and real needs of children affected by domestic violence should inform policy development, which should also result in the training of social workers (cf. Callaghan et al., 2015:1-2).

5.3 RECOMMENDATIONS

5.3.1 Recommendations related to the research methodology

The recommendations made in this section are specifically aimed at addressing the aspect of data verification in qualitative research studies.

It is suggested that a qualitative approach be followed when the experiences and perceptions of individuals are being explored and described with the aim to draw conclusions and make recommendations for practice. When a specific phenomenon is being explored and described within a particular context, it is recommended that the phenomenological, contextual, explorative and descriptive research designs be considered. Essentially, these designs can assist qualitative researchers to identify the population(s), sampling methods and techniques (including the sampling criteria), and methods of data collection, recording and analysis.

The non-probability sampling method creates a framework from which all possible individuals in a population could be selected to participate, while the purposive sampling technique ensures that the research questions are answered by those whom the researcher considers most likely to provide relevant

information. It is therefore recommended that both the sampling method and technique to be used are considered when exploring and describing a specific phenomenon within a specific context. In terms of data verification, data triangulation is recommended. It further provides a deeper description of the research topic.

Individual interviews are suggested as the method of data collection when sensitive issues are being explored. It is also recommended that the interview guide be formulated according to semi-structured questions so that the participants can freely share their stories, while being guided to stay focused on the research topic. To ensure that the data fully describes the experiences and perceptions of the populations, it is advised that data is collected until data saturation is observed. It is also recommended that data be recorded and transcribed immediately after the interviews to ensure that it is accurate. The use of Tesch's (1990) eight steps for data analysis, as described by Creswell (2009:186), is suggested as a framework from which both the researcher and the independent coder can work. In addition, it ensures a scientifically sound process of analysis.

5.3.2 Recommendations for services to children exposed to domestic violence

The social work profession needs to address the ongoing reported lack of infrastructure to deliver effective services. Additionally, networks and access to resources should receive attention to ensure a context where effective services are attainable. The following aspects are recommended to guide social work services to children exposed to domestic violence:

To sum up, services should:

- Be long-term in nature;
- Be visible, available and accessible to children;
- Be focused on the safety (physical, emotional and social) of children;
- Acknowledge that alternative care options might be necessary;

- Be based on identified emotional, social and physical needs of the children (i.e. assessments);
- Be based on the identification of developmental areas affected by the exposure to domestic violence;
- Be based on a consideration that these children may experience trust issues. Therefore, special emphasis must be placed on building a relationship of trust with children to ensure a safe space where they can share their feelings and experiences;
- Include a multi-disciplinary approach to ensure that holistic services are provided;
- Provide access to opportunities where positive social learning can take place, such as peer support groups and mentors in the community;
- Include case work, group work and community work, as methods of service delivery;
- Include community awareness programmes that focus on:
 - Aware of their rights,
 - Information regarding the impact of domestic violence and how and where to find support,
 - Preventing domestic violence through identifying possible contributing factors and informing community members where to search for support to address possible contributing factors, and
 - communities must become sensitive to the effects of domestic violence and how they can support victims; and
- Focus on the following identified needs:
 - Development of a healthy identity,
 - Development of a sense of self-efficacy,
 - Development of a healthy self-esteem and self-worthiness,
 - Finding positive peer groups and social support,
 - Development of problem-solving and conflict management skills,
 - Dealing with emotions, such as:
 - Fear,
 - Anger,

- Helplessness,
- Insecurity,
- Sadness,
- Guilt,
- Shame, and
- Feeling responsible for the domestic violence;
- Identification of child abuse,
- Development of life skills – problem-solving, conflict-management and aggressive behaviour.

Services to the whole family should be seen as part of social services that are aimed at providing children with a context where developmental goals can be achieved. Services to the family should:

- Include all the family members;
- Support the perpetrator towards change,
 - Considering that he/she is trapped in the cycle of violence and needs counselling to change behaviour that will positively impact on relationships;
- Empower the victim of domestic violence to be able to reach out for support, and provide support and safety to the children in the home;
- Work with the siblings as a form of support within the family; and
- Address contributing factors, particularly:
 - Substance abuse,
 - Financial stress,
 - Communication patterns in the family,
 - Conflict-management within the family, and
 - Problem-solving within the family.

Community resources to be mobilised and utilised during social work service delivery should provide:

- Safety and protection to children and the parent who is the victim of the domestic violence;

- Emotional and social support; and
- A platform where healthy role-models can be emulated for socio-emotional and behavioural well-being.

5.3.3 Recommendations for services to young adults who have been exposed to domestic violence during childhood

Young adults who were exposed to domestic violence during childhood and who are affected by this exposure in their current developmental stage should, where possible, receive social support to re-establish relationships with their family members. Family counselling services should focus on:

- Developing healthy communication styles;
- Developing healthy problem-solving and conflict-management skills;
- Identifying triggers that result in aggressive behaviour and finding alternative ways to react when such triggers occur;
- Working through unresolved emotions;
- Developing an understanding of other family members' experiences of the situation; and
- Redefine how they can support one another in future.

On an individual level, young adults need exposure to positive role models (i.e. social learning) in order to learn how to address problems and resolve conflict without resorting to violence. They also need support with the identified consequences of their exposure to domestic violence: substance abuse, aggressive behaviour, affiliation with gangs, involvement in crime, and relational problems (e.g. engaging in violence to resolve conflict). In order to break the cycle of violence, they need social work services that focus on the development of a healthy identity, self-image and self-worth.

Social workers must be able to identify possible consequences of exposure to domestic violence when working with young adults. Through trusting relationships between the social worker and young adults they can be provided with opportunities to reflect on the impact of their childhood experiences on their

present functioning. The influences of this exposure can then be addressed through counselling and peer support groups.

Life skill programmes should be available to provide young adults with opportunities to develop intra- and interpersonal coping skills.

5.3.4 Recommendations for further research

The following areas related to the research topic require further research and development:

- A comparison between identified needs of victims of domestic violence and policy documents and legislation can contribute to the identification of areas that need to be addressed during policy-making processes.
- The role of multi-disciplinary teams in service delivery to victims of domestic violence should be explored.
- Aspects to include and processes to follow to mobilise community networks to contribute to holistic services to victims of domestic violence should be explored.
- The needs for services as experienced by perpetrators should be explored with a specific aim to deliver services that contribute to breaking the cycle of violence.
- A service framework for interventions aimed at children and young adults exposed to domestic violence to test in the field.

5.4 Conclusion

The research questions that guided this research study were answered in terms of clear descriptions of the experiences and perceptions of childhood exposure to domestic violence and the nature of social work services to ensure effective social work support to victims of domestic violence.

An important aspect that came to the fore in this study was that the influence of domestic violence during childhood is transferred to the young adulthood

developmental stage. The researcher hopes that the findings of this study will contribute to the planning and implementation of social work services that are based on grassroots (bottom up) information of the needs regarding the nature and content of social work services.

REFERENCE LIST

- Abrahams, H. 2007. *Supporting women after domestic violence: Loss, trauma and recovery*. London: Jessica Kingsley Publishers.
- Abramsky, T., Watts, C.H. and Garcia-Moreno, C. 2011. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, Vol.11 (1). Doi: 10.1186/1471-2458-11-109. Available at [http://www.verywell.com/domestic -abuse-and-alcohol-62643](http://www.verywell.com/domestic-abuse-and-alcohol-62643) [Accessed on 20 July 2017].
- Alberta Children and Youth Services. 2008. *Child abuse/children exposed to family violence*. Edmonton: Alberta Centre for Child Abuse.
- Alhabib, S., Nur, U. and Jones, R. 2010. Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, Vol. 25:369–382.
- Alho, C.M. 2015. The social effects of the exposure to domestic violence during childhood: A socio-educational perspective. Unpublished Masters of Education thesis. Pretoria: University of South Africa.
- Allen, M. 2012. Domestic violence within the Irish travelling community: The Challenge for Social Work. *British Journal of Social Work*, Vol. 42: 870–886.
- Allen, M. and Ní Raghallaigh, M. 2013. Domestic violence in a developing context: The perspectives of women in Northern Ethiopia. *Journal of Women and Social Work*. Available at <http://hdl.handle.net/10197/5401> [Accessed on 28 December 2017].

- Alpaslan, A.H. and Schenck, C. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social Work/Maatskaplike Werk*, Vol. 48(4):367-386.
- Anda, R.F., Butchart, A., Felitti, V.J., and Brown, D.W. 2010. Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, Vol. 39:93-98.
- Anonymous (a). 2015. Social worker at Department of Social Development, Paarl Local Office. Personal interview, 18 June 2015.
- Anonymous (b). 2015. Social worker at Department of Social Development, Paarl Local Office. Personal interview, 18 June 2015.
- Babbie, E. 2007. *The basic of social research*. Toronto: Thomas/Wadsworth Publishers.
- Babbie, E.R. and Mouton, J. 2009. *The practice of social research*. 4th Edition. Cape Town: Oxford University Press.
- Bagshaw, D., Brown, T., Wendt, S., Campbell, A., McInnes, E., Baker, J., Tinning, B., Batagol, B., Sifris, A., Tyson, D., and Fernandez Arias, P. 2010. Family violence and family law in Australia: the views and experiences of children and adults from families who separated post-1995 and post-2006. In: *Proceedings of 11th Australian Institute of Family Studies Conference*, pp. 1-12. From: 11th Australian Institute of Family Studies Conference, 7 - 9 July 2010, Melbourne, VIC; Australia.
- Bandura, A. 1989. Social cognitive theory. In R. Vasta (Ed.), *Annals of child development*. Vol. 6. *Six theories of child development*. Greenwich, CT: JAI Press: 1-60.

- Bendall, C. 2010. The domestic violence epidemic in South Africa. *Legal and practical women's studies*, Vol. 39(2):100-118.
- Bless, C., Higson-Smith, C. and Sithole, S.L. 2013. *Fundamentals of social research methods: An African perspective*. Cape Town: Juta.
- Bogeanu, E.L. 2012. The role of social services in the context of intimate violence. *Revista de Asistena Sociala*, Vol. 4. Available at http://www.swreview.ro/index.pl/the_role_of_social_services_in_the_context_of_intimate_violence [Accessed on 5 January 2018].
- Bolden, R. 2010. *Breaking the cycle of domestic violence*. Independent Study Project (ISP), Collection Paper 855. Available at http://digitalcollections.sit.edu/isp_collection/855 [Accessed on 7 December 2017].
- Borum, V. 2006. Reading and writing womanist poetic prose – African American mothers with deaf daughters. *Qualitative Inquiry*, Vol. 12(2):340-352.
- Boshoff, S. 2013. *Contextualising challenges in social welfare services*. Presentation made to religious leaders by National Coalition of Social Service Providers (NACOSS). 21 May 2013. Wellington: Hugenote Kollege.
- Boudah, D.J. 2011. *Conducting Educational research. Guide to completing a major project*. East Carolina University: Sage Publications.
- Bragg, H.L. 2003. *Child protection in families experiencing domestic violence*. Washington DC: United States Department of Health and Human Services; Office on Child Abuse and Neglect.

- Breetzke, G.D. 2012. Understanding the magnitude and extent of crime in post-apartheid South Africa. *Social Identities*, Vol. 18(3):299–315.
- Bragg, H.L. 2003. *Child protection in families experiencing domestic violence*. Washington DC: United States Department of Health and Human Services; Office on Child Abuse and Neglect.
- Buchanan, F., Wendt, S. and Moulding, N. 2014. Growing up in domestic violence: What does maternal protectiveness mean? *Qualitative Social Work*, published online Available at <http://qsw.sagepub.com/content/early/2014/08/26/1473325014547251>. [Accessed on 23 September 2017].
- Callaghan, J.E.M., Alexander, J.H. Sixsmith, J. and Fellin, L.C. 2015. Beyond “witnessing”: Children’s experiences of coercive control in domestic violence and abuse. *Journal of Interpersonal Violence*, 1-31. Available at jiv.sagepub.com [Accessed on 9 December 2017].
- Carr, D.L. 2016. *Chemical dependency: A family affair*. E-book library. Available at <http://thebooksout.com/downloads/chemical-dependency-a-family-affair.pdf>. [Accessed on 29 September 2017].
- Centre for the Study of Violence and Reconciliation. 2016. *Gender based violence in South Africa: A brief review*. Pretoria: Centre for the Study of Violence and Reconciliation and the Embassy of Finland.
- Charak, R., Evans, S., Watkins, L and DiLillo, D. 2017. *Domestic violence chapter*. Research Gate. Available at <https://www.researchgate.net/publication/317379202>. DOI: 10.1007/978-3-319-32132-5_39-2. [Accessed on 28 December 2017].

- Cheng, A.S. 2000. Understanding client descriptions of presenting problems: formulating a taxonomy. Unpublished Masters Theses for Clinical Psychology. University of Massachusetts Amherst.
- Chitashvili, M., Javakhishvili, N., Arutiunov, L., Tsuladze, L. and Chachanidze, S. 2010. *National research on domestic violence against women in Georgia*. Georgia: LTD Fountain.
- Child Welfare Information Gateway. 2013. *Definitions of domestic violence*. Washington DC: Children's Bureau.
- Corbin, J. and Strauss, A. 2008. *Basics of qualitative research: Techniques and procedures to develop grounded theory*. 3rd Edition. Thousand Oaks: Sage Publications.
- Creswell, J.W, 2006. *Research design, qualitative, quantitative, and mixed methods approaches*. 2nd Edition. Los Angeles: Sage Publishers.
- Creswell, J.W. 2009. *Research design: qualitative, quantitative, and mixed methods approaches*. 3rd Edition. Los Angeles: Sage Publications Inc.
- Cohen, L., Manion, L. and Morrison, K. 2007. *Research methods in education*. 6th Edition. New York: Routledge.
- Cunningham, A. and Baker, B. 2007. *Little eyes, little ears: How violence against a mother shapes children as they grow*. Ontario: Centre for Children and Families in the Justice System.
- Curran, E. and Bonthuys, E. 2004. *Customary law and domestic violence in rural South African communities*. Cape Town: The Centre for the Study of Violence and Reconciliation.

- Davis, L. and Snyman, R. 2005. *Victimology in South Africa*. Pretoria: Van Schaik Publishers.
- DeJonghe, E.S. 2014. Childhood exposure to intimate partner violence between adults other than parents. *American Psychological Association*, Vol. 5(2): 174–182.
- Denscombe, M. 2008. *Ground rules for good research: A 10 point guide for social researchers*. London: Open University Press.
- Denzin, N.K. and Lincoln, S.L. 2011. *Handbook of qualitative research*. 4th Edition. Thousand Oaks: Sage Publications.
- Department of Justice and Constitutional Development. 2006. *Service Charter for Victims of Crime – Conceptual framework*. Pretoria: Gender Directorate: Department of Justice and Constitutional Development.
- Department of Social Development. 2009. *Victim empowerment programme information sheet*. Pretoria: Department of Social Development.
- Department of Social Development. 2011. *Integrated Social Crime Prevention Strategy*. Pretoria: Department of Social Development.
- Department of Social Development. 2013. *Framework for social welfare services*. Pretoria: Government Printers.
- Devaney, J. 2015. Research Review: The Impact of Domestic Violence on Children. *Irish Probation Journal*, Vol. 12: 79-94:75-83.
- Dlamini, T.T. and Swepaul, V. 2015. Rhetoric versus reality in social work practice: Political, neoliberal and new managerial influences. *Social Work/Maatskaplike Werk*, Vol. 51(4): 467-481.

- Edleson, J.L., Ellerton, A.L., Seagren, E.A., Kirchberg, S.L., Schmidt, S.O. and Ambrose, A.T. 2007. Assessing child exposure to adult violence. *Children and Youth Services Review*, Vol. 29(7):961–971.
- Eriksson, M. 2012. Participation for children exposed to domestic violence? Social workers' approaches and children's strategies. *European Journal of Social Work*, Vol. 5(2). Online publication. Available at <http://www.tandfonline.com/doi/abs/10.1080/13691457.2010.513963> [Accessed on 23 October 2017].
- Evans, S., Steel, A., Watkins, L and DiLillo, D. 2014. *Psychological trauma: Theory, research, practice and policy*, Vol. 6(5): 527–536. Available at <http://dx.doi.org/10.1037/a0036940>. [Accessed on 25 November 2017].
- Filson, J., Ulloua, E. and Runfola, C. 2009. Does powerlessness explain the relationship between intimate partner violence and depression? *Journal of Interpersonal Violence*, Vol. 25 (3):9-22.
- Finkelhor, D. 2008. *Children exposure to violence: A comprehensive National survey*, available at <http://www.ojp.usdoj.gov> (Date accessed 7 November 2015).
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S. and Kracke, K. 2009. *Children's exposure to violence: A comprehensive national survey*. Multnomah County Oregon: Office of Justice Programs: Juvenile Justice Bulletin.
- Fitzpatrick, C. 2014. Breaking barriers to "Breaking the Cycle. *Seattle Journal for Social Justice*, Vol. 13(2):602-648
- .
- Fouché, C.B. and Delport, C.S.L. 2011. Introduction to the research process. In De Vos, A.S.; Strydom, H.; Fouché, C.B. and Delport, C.S.L (Eds.).

Research at grass roots, for the social science and human service professions. 4th Edition. Pretoria: Van Schaik Publishers: 73.

Fouché, C.B. and De Vos, A.S. 2011. Formal formulations. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at grass roots, for the social science and human service professions.* 4th Edition. Pretoria: Van Schaik Publishers: 89-96.

Fouché, C.B. and Schurink, C.B.. 2011. 'Qualitative research designs'. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (eds.). *Research at grass roots for the social sciences and human service professions.* 4th Edition. Pretoria: Van Schaik: 307-327.

Fox, W. and Bayat, M.S. 2007. *A guide to managing research.* Cape Town: Juta.

Gangi, C.E. and Koterba, E.A. 2017. What does she have that I don't? The effect of sexual activity on social comparisons and body dissatisfaction in emerging adult women. *Journal of Adulthood*, Vol. 24(3):155-162.

Gewirtz, A. H. and Edleson, J. L. 2007. Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence*, Vol. 22:151–163.

Godbout, N., Donald, A., Dutton, G., Van Lussierc, B. and Sabourina, S. 2009. Early exposure to violence, domestic violence, attachment representations, and marital adjustment. *Personal Relationships*, Vol. 16:365–384.

- Godden, D.R. and Baddeley, A.D. 1975. Context-dependent memory in two natural environments: on land and underwater. *British Journal of Psychology*, Vol. 66(3): 325–331.
- Goodman, L.A. and Smyth, K.F. 2011. A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence*, Vol. 1(2):79-92.
- Graham-Bermann, S., Kulkarni, M. and Kanukollu, S. 2011. Is disclosure therapeutic for children following exposure to traumatic violence? *Journal of Interpersonal Violence*, Vol. 26(5):1056–1076.
- Graham-Bermann, S. and Seng, J. 2005. Violence exposure and traumatic stress symptoms as additional predictors of health problems in high-risk children. *The Journal of Paediatrics*, Vol. 146(3):349-354.
- Gravetter, F.J. and Forzano, L.B. 2015. *Research methods for the behavioural sciences*. 5th Edition. Belmont: Wadsworth.
- Greeff, M. 2011. Information collection In De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at grass roots, for the social science and human service professions*. 4th Edition. Pretoria: Van Schaik Publishers: 351-358.
- Grinnell, R.M. and Unrau, Y.A. 2008. *Social work research and evaluation: foundations of evidence-based practice*. New York: Oxford University Press.
- Grinnell, R.M., Williams, M. and Unrau, Y.A. 2010. *Research methods for BSW students*. 7th edition. Boston: Pairbond Publishing.

- Groenewald, T.A. 2004. A phenomenological research design illustrated. *International Journal of Qualitative Research Methods*, Vol. 3(1):1-26.
- Hague, G., Harvey, A. and Willis, K. 2011. *Understanding adult survivors of domestic violence in childhood. Still forgotten, still hurting*. London, Philadelphia: Jessica Kingsley Publishers.
- Hamby, S., Finkelhor, D. and Turner, H. 2014. Intervention following family violence: Best practices and help-seeking obstacles in a nationally representative sample of families with children. *Psychology of Violence*, Vol. 5(3):325–336.
- Healy, J. and Bell, M. 2004. *Assessing the risks to children from domestic violence*. Northern Ireland: Barnardo's Foundation.
- Healy, L.M. and Link, R.J. 2012. *Handbook of International Social Work: Human rights, development and the global profession*. New York: Oxford University Press.
- Hendricks, L., Bore, S., Aslinia, D. and Morriss, G. 2013. The effects of anger on the brain and body. *National Forum Journal of Counselling and Addiction*, Vol.2 (1); 1-12.
- Hines, L. 2015. Children's coping with family violence: Policy and service recommendations. *Child and Adolescence Social Work Journal*, Vol. 32:109–119.
- Hogan, F. and O'Reilly, M. 2007. *Listening to children: Children's stories of domestic violence*. Dublin: Department of Health and Children.
- Howe, D. 2011. *Attachment across the life course*. London: Palgrave.

- Huberman, B. 2015. *Advocates for youth*. Available at http://advocatesforyouth.org/storage/advfyl_documents/growth-and-development-ages-18-and-over.pdf. [Accessed on 11 August 2017].
- Humphreys, C, 2008. Problems in the system of mandatory reporting of children living with domestic violence. *Journal of Family Studies*, Vol. 14(2/3):228–239.
- Hutchison, E.D and Wood, E. Charlesworth, L. 2015. *Dimensions of human behaviour: Person and environment*. 5th Edition. Thousand Oaks CA: Sage Publications.
- International Federation of Social Workers. 2016. *Global definition of the social work profession*. Available at: <http://ifsw.org/policies/definition-of-social-work/>. [Accessed: 2 January 2016].
- Ishak, A.W. and Ballard, D.I. 2012. Time to re-group: A typology and nested phase model for action teams. *Small Group Research*, Vol. 43(1):3-29.
- Ivankova, N.V., Creswell, J.W. and Plano Clark, V.L. 2007. Foundations and approaches to mixed methods: triangulation in action. In Maree, K. (Ed.). *First steps in research*. Pretoria: Van Schaik: 255-260.
- Jansen van Rensburg, M.S. 2004. *From victim to victory: The experiences of abused women and the salience of the support they encounter*. Unpublished doctoral thesis in Social Work, Pretoria: University of South Africa (UNISA).
- Jeevasutha, S. and Hatta, Z.A. 2012. *Behavioural problems of children exposed to domestic violence in a rural village: A micro social work inquiry*. Presented at the International Conference on Humanities and

Social Sciences at the University of Sains Malaysia. Published by Elsevier: 201-207.

- Jewkes, R., Abrahams, N. and Mathews, S. 2009. *Preventing rape and violence in South Africa: Call for leadership in a new agenda for action*. Cape Town: MRC Gender and Health Research Unit.
- Jura, F. and Bukaliya, R. 2015. Domestic violence: Causes and implications for the education system. *International Journal of Research in Humanities and Social Studies*, Vol. 2 (4):62-72.
- Kasundu, B., Mutiso, M.M., Chebet, P.S. and Mwirigi, P.W. 2012. Factors contributing to drug abuse among the youth in Kenya: A Case of Bamburi Location. *Social Sciences*, Vol. 46:8259-8267.
- Kaur, R. and Garg, S. 2008. Addressing domestic violence against women: An unfinished agenda. *Indian Journal for Community Medicine*, Vol. 33(2):73-76.
- Keeling, J. and Van Wormer, K. 2012. Social worker interventions in situations of domestic violence: What we can learn from survivors' personal narratives? *British Journal of Social Work*, Vol. 42(7):1354-1370.
- Khunou, G., Pillay, R. and Nethononda, A. 2012. Social work is 'women's work': An analysis of social work students' perceptions of gender as a career choice determinant. *The Social Work Practitioner-Researcher*, Vol. 24 (1):20-36.
- Krefting, L. 1991. Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, Vol. 45(3):214-222.

- Kreider, R. and Ellis, R. 2011. *Living arrangements of children: Current population reports*. Washington DC: US Census Bureau; US Department of Commerce: 70-126.
- Kreuger, L.W. and Neuman, W.L. 2006. *Social Work Research Methods: Qualitative and Quantitative Applications*. Boston: Pearson, Allyn and Bacon.
- Kumar, R. 2014. *Research Methodology: a step by step guide for beginners*. 4th Edition. London: Sage Publications.
- Leedy, P.D. and Ormrod, J.E. 2013. *Practical research: planning and designing*. 10th Edition. New Jersey: Pearson Education Limited.
- Louw, D.A., and Louw, A.E. 2007. *Child and adolescent development*. Bloemfontein: Psychology Books.
- Lupri, E. and Grandin, E. 2004. *Intimate partner violence against men*. Ottawa: Ministry of Health.
- Machisa, M. 2011. South Africa: *Domestic violence must be included in crime statistics*. Available from: <http://www.genderlinks.org.za/article/south-africa-domestic-violence-must-be-included-in-crime-stats-2011-09-13>. [Accessed: 2 June 2015].
- Magwa, S. 2013. Experiencing and witnessing domestic violence on school aged children. *International Journal of Social Science and Education*. Vol. 3(3):582-596.
- Malekpour, M. 2007. Effects of attachment on early and later development. *The British Journal of Developmental Disabilities*, Vol. 53; Part 2(105):81-95.

- Malone, J.C., Liu, S.R., Vaillant, G.E., Rentz, D.M. and Waldinger, R.J. 2016. Midlife Eriksonian psychosocial development: Setting the stage for cognitive and emotional health in late life. *Developmental Psychology*, Vol. 52(3):496-508.
- Mason, M. 2010. Sample size and saturation in PhD studies using qualitative interviews. Forum: *Qualitative Research*, Vol. 11(3) Article 8. Available from: <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027>. [Accessed: 5 August 2015].
- Matthews, T. 2012. *Reviewing domestic violence and the South African Police Services*. Pretoria: Portfolio Committee and Select Committee on Women, Children and Persons with Disabilities.
- McClennen, J.C. 2010. *Social work and family violence theories, assessment, and intervention*. New York: Springer Publishing Company.
- McVay, K.M. 2009. Using Attachment Theory to understand intergenerational transmission of intimate partner violence and implications for use in treatment and policy reform. Unpublished Master of Public Health thesis. Pittsburgh, USA: University of Pittsburgh.
- Merriam, S.B. 2009. *Qualitative research: a guide to design and implementation*. United States of America. B Jossey-Bass.
- Merriam-Webster Dictionary. 2015. *Recollection*. Available from: <http://www.merriam-webster.com/dictionary/recollection>. [Accessed: 30 December 2015].

- Minaker, J.C. and Snider, L. 2006. *Husband abuse: equality with a vengeance?* Ottawa: Revue canadienne de criminologie et de justice penale septembre.
- Moffit, T.E. 2013. Childhood exposure to violence and lifelong health: Clinical intervention science and stress biology research join forces. *Development Psychopathology*, Vol. 25(4):2-13.
- Monette, D.R., Sullivan, T.J. and DeJong, C.R. 2010. *Applied social research: A tool for the human services*. 6th Edition. Canada: Brooks/Cole, Thomson Learning, Inc.
- Moylan, C., Herrenkohl, T., Sousa, C., Tajima, E., Herrenkohl, R., and Russo, M. 2010. The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behaviour problems. *Journal of Family Violence*, Vol. 25(1):53-63.
- Murray, S. 2008. Why doesn't she just leave? Belonging, disruption and domestic violence. *Women's Studies International Forum*, Vol. 31(1):65-72.
- Murrell, A., Christoff, K. and Henning, K. 2007. Characteristics of domestic violence offenders: associations with childhood exposure to violence. *Journal of Family Violence*, Vol. 22(7):523-532.
- Nakra, K. 2014. Understanding adult survivors of domestic violence in childhood. *Journal of Gender Studies*, Vol. 23(2):217-219.
- National Association of Social Workers Foundation, United States of America. 2010. High caseloads: How do they impact delivery of health and human services? Washington: NASWF.

National Coalition against Domestic Violence. 2015. Domestic violence national statistics. Available at: <http://www.ncadv.org>. [Accessed: 26 June 2017].

Newman, B.M. and Newman, P.R. 2012. *Development through life: A psychosocial approach*. Belmont, CA: Wadsworth Cengage Learning.

Nicholls, D. 2009. Qualitative research: Part two – Methodologies. *International Journal of Therapy and Rehabilitation*, Vol. 16(11):586-592.

O'Brien, K., Cohen, L., Pooley, J. and Taylor, M., 2013. Lifting the domestic cloak of silence: Resilient Australian women's reflected memories of their childhood experiences of witnessing domestic violence. *Journal of Family Violence*, Vol. 28(1):95-108.

Oliver-Hoyo, M. and Allen, D. 2006. The Use of Triangulation Methods in Qualitative Educational Research, *Journal of College Science Teaching*, Vol. 1 (January/February):42-47.

Orleans, M. 2011. *Encyclopaedia of sociology*. Available from <http://hss.fullerton.edu/sociology/orleans/phenomenology.htm> [Accessed on: 22 September 2011].

Överlien, C. and Hydén, M., 2009. Children's actions when experiencing domestic violence. *Childhood-A Global Journal of Child Research*, Vol. 16(4):479-496.

Pattoni, L. 2012. *Strengths-based approaches for working with individuals*. Glasgow: The Institute for Research and Social Services.

Payne, D. and Wermeling, L. 2009. Domestic violence and the female victim: The real reason women stay! *Journal of Intercultural, Gender and Minority Studies*, Vol. 3(1):1-6.

Petersen, E. 2006. *Challenges experienced by clergy in dealing with domestic violence*. Unpublished Master's in Social Work thesis, Cape Town: University of the Western Cape.

Rakovec-Felser, Z. 2014. Domestic violence and abuse in intimate relationship from public health perspective. *Health Psychology Research*, Vol. 2(3), 1821. Available at <http://doi.org/10.4081/hpr.2014.1821> [Accessed: 13 November 2017].

Republic of South Africa. 1978. *The Social Service Professions Act*. Act 110 of 1978. Pretoria: Government Printer.

Republic of South Africa. 1996. *Constitution of the Republic of South Africa*. Act 108 of 1996. Pretoria. Government Printer.

Republic of South Africa. 1998. *Domestic Violence Act*. Act 116 of 1998. Pretoria. Government Printer.

Republic of South Africa. 2007. *Children's Amendment Act*. Act 41 of 2007. Pretoria: Government Printer.

Richards, K. 2011. *Children's exposure to domestic violence in Australia*. Canberra: Australia's National Research and Knowledge Centre on Crime and Justice.

Riel, E., Languedoc, S., Brown, J. and Rodgers, J. 2014. Safety for aboriginal women in couples counselling where there is a history of intimate partner violence. *Journal of Offender Rehabilitation*, Vol. 53:478-500.

Rubin, A. and Babbie, E.R. 2005. *Research methods for social work*. 6th Edition. Canada: Brooks/Cole.

- Rzepka, C.H. 2007. *The ripple effect*. National Conference on Health and Domestic Violence. Beyond battering: Long-term effects of domestic violence. San Francisco.
- Sanderson, C. 2008. *Counselling: Survivors of Domestic Abuse*. London: Jessica Kingsley Publishers.
- Saracino, M. and Burr, B. 2012. *Milestones of human development*. Austin: Texas Education Agency.
- Sawyer, E. and Burton, S. 2012. Building resilience in families under stress: Supporting families affected by parental substance misuse and/or mental health problems. 2nd Edition. London: NCB.
- Schwandt, T.A. 2007. *Dictionary of qualitative inquiry*. 2nd Edition. Thousand Oaks: Sage Publishers.
- Schurink, C.B., Fouché, C.B. and de Vos, A.S. 2011. Qualitative data analysis and interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at grass roots, for the social science and human service professions*. 4th Edition. Pretoria: Van Schaik: 397-430.
- Slabbert, I. 2014. Against the odds: Strengths displayed by abused women. *Social Work/Maatskaplike Werk*, Vol. 50(2):256-268.
- Slabbert, I. 2015. The role of substance abuse in domestic violence: A social work perspective. *Tydskrif vir Geesteswetenskappe*, Vol. 55(4):665-680.
- Slabbert, I. and Green, S. 2013. Types of domestic violence experienced by women in abusive relationships. *Social Work/Maatskaplike Werk*, Vol. 49(2):234-237.

- Slade, A. 2008. Attachment Theory and Research: Implications for the theory and practice of individual psychotherapy with adults. In Cassidy, J. and Shaver, P.R. *Handbook of attachment: Theory, research and clinical applications*. New York and London: Guilford Press: 762–82.
- Slovak, K., Carlson, K., and Helm, L. 2007. The influence of family violence on youth attitudes. *Child and Adolescent Social Work Journal*, Vol. 24(1):77-99.
- Song, L. 2015. The Association between the utilisation of empowerment strategies and clients' changes of self in the field of intimate partner abuse: from the perspective of social workers. *British Journal of Social Work*, Vol. 45: 527–548.
- South African Police Service. 2014. *An analysis of the national crime statistics 2013/14*. Pretoria: SAPS Strategic Management.
- Stanley, N., Miller, P. and Foster, H.R. 2012. Engaging with children's and parents' perspectives on domestic violence. *Child and Family Social Work*, Vol. 17(2): 192-201.
- Statistics South Africa, 2011. Key statistics Census 2011. Available at: <http://www.statssa.gov.za/>. [Accessed on 26 June 2017].
- Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at grass roots, for the social science and human service professions*. 4th Edition: 113-129.
- Summers, A.S. 2006. *Children's exposure to domestic violence: A guide to research and resources*. Washington: National Council of Juvenile and Family Court Judges.

- Tesch, R. 1990. *Qualitative research*. New York: Falmer Press.
- The Benevolent Society. 2011. *The impact of domestic violence on children: A literature review*. Sydney: The University of New South Wales.
- The Women's Aid Federation. 2009. *The Survivor's Handbook*. 2nd Edition. London: Women's Aid Federation of England.
- Thomas, E. and Magivy, J.K. 2011. Scientific inquiry: Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Paediatric Nursing*, Vol. 16:151-155.
- Thornton, V. 2014. Understanding the emotional impact of domestic violence on young children. *Educational and Child Psychology*, Vol. 31(1):90-100.
- Trochim, W.M.K. 2006. *Research methods knowledge base*. Available from <http://www.socialresearchmethods.net/kb/destypes.php> [Accessed on: 22 September 2011].
- Tshesebe, M. and Strydom, H. 2016. An evaluation of the community-based care and support services for older persons in a specific community. *Social Work/Maatskaplike Werk*, Vol. 52(1):1-19.
- Tshiguvho, M., Bosilong, K. and Mbecke, P. 2008. *Consolidated report on the nature and prevalence of domestic violence in South Africa*. Johannesburg. Development Research Africa and CSIR Defence, Peace, Safety and Security Unit.
- Turner, D.W. 2010. Qualitative interview design: A practical guide for novice investigators. *The Qualitative Report*, Vol. 15(3):754-760.

United Nations. 1990. *Convention on the Rights of the Child*. General Assembly resolution 44/25 of 20 November 1989. Geneva: United Nations.

United Nations. 2009. *Violence against women*. New York: United Nations.

United Nations. 2011. *Social development in an uncertain world*. Geneva: United Nations Research Institute for Social Development.

United Nations Children's Fund (UNICEF). 2006. *Behind closed doors: The impact of domestic violence on children*. New York: The Body Shop International and UNICEF Partnership/UNICEF Child Protection Section.

United Nations Children's Fund. 2012. *Violence against children in South Africa*. Pretoria: Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF

United Nations General Assembly, *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power: resolution / adopted by the General Assembly*, 29 November 1985, A/RES/40/34, available at: <http://www.refworld.org/docid/3b00f2275b.html> [Date accessed 18 August 2016].

United Nations Refugee Agency. 2009. *Psychosocial counselling and social work with clients and their families in the Somali context: A facilitator's guide*. United States of America: Oxford University Press.

Unrau, Y.A., Gabor, P.A. and Grinnell, R.M. 2007. *Evaluation in social work: The art and science of practice*. London: Oxford University Press.

Vetten, L. 2014. *Domestic violence in South Africa. Policy Brief*. November 2014. Institute for Security Studies.

- Walliman, N. 2006. *Social research methods*. London: Sage Publishers.
- Waters, E., Corcoran, D. and Anafarta, M. 2005. Attachment, other relationships, and the theory that all good things go together. *Human Development*, Vol. 48:80–84.
- Watson, J. 2012. *Justice for domestic violence victims? Key findings of the oversight interventions by the PC and SC on women, children and persons with disabilities*. Pretoria: Department of Justice and Constitutional Development, Parliament of the Republic of South Africa.
- Weideman, M. 2008. *Consolidated report on the nature and prevalence of domestic violence in South Africa*. Johannesburg. Development Research Africa and CSIR Defence, Peace, Safety and Security Unit.
- White Paper on Families. 2012. Government Gazette. Department of Social Development, South Africa. Pretoria: Government Printer.
- World Health Organization (WHO). 2001. *Mental health: new understanding, new hope*. Geneva: WHO.
- World Health Organization (WHO). 2007. *The cycles of violence*. Copenhagen, Denmark: World Health Organization Regional Office for Europe; Violence and Injury Prevention Programme.
- World Health Organization (WHO). 2012. *Understanding and addressing violence against women*. Geneva: World Health Organization.
- World Health Organization (WHO). 2013. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: World Health Organization.

ANNEXURES

ANNEXURE A: PERMISSION TO CONDUCT RESEARCH AND LETTER OF INVITATION TO ORGANISATIONS

For attention: _____

I am a social worker with a special interest in the field of victim empowerment. I am currently doing research on the following topic: Experiencing domestic violence as a child: Young adults' recollections and suggestions for social work services. I am doing this research under the guidance of the University of South Africa.

I am hereby requesting to do research at the Department of Social Development. The research proposal will be made available for you to make an informed decision. The social workers at the Department of Social Development will be requested to participate as participants as well as "gatekeepers" in this project, regulating access to possible participants. The goals of this research study are–

- a) From the perspectives of social workers rendering child and family welfare services, to explore and describe the social work services rendered to children who are exposed to domestic violence.
- b) To develop an in-depth understanding of the experiences of children regarding domestic violence, as recollected by young adults who experienced domestic violence as children, in order to proffer suggestions for social work services to child victims of domestic violence.

Criteria for inclusion in this study:

Social work participants

- Social workers who are
- Registered at the South African Council for Social Service Professions and
- Employed by the Department of Social Development in the
- Drakenstein Local Municipal Area who
- Work with children who are experiencing domestic violence.

Young adult participants

- Young adults between the ages of 18 and 35 years (i.e. late adolescence and early adulthood as developmental stages of young adults),
- Who have been exposed to domestic violence during childhood (i.e. witnessing or being direct victims of domestic violence), and
- Who received or are receiving social work support services
- In the towns of Paarl, Wellington, Hermon, Gouda and Saron in the Drakenstein Local Municipal Area
- In the Cape Winelands area of the Western Cape.

The reason why the Department of Social Development was chosen to be invited to assist me with my research is the fact that social workers at the Department will be requested to participate as experts to provide a clear picture of current services to child victims of domestic violence. These social workers will also be requested to assist me to obtain access to the participants. An important aspect is that, based on the sensitive nature of this study, participants may need debriefing and further assistance after the interviews. The Department will therefore also be requested to either appoint a social worker to be available for the debriefing of participants or to ask the social workers to conduct debriefing sessions with their clients after the interviews. I intend to provide the social workers with the information they will need to understand what this project will be about during an introduction interview with them. I will then explain how the interviews will be conducted and the possible questions participants will be asked. They will then be provided with an opportunity to ask questions and raise concerns to be attended to before they identify and contact potential participants. Please also take note of the attached invitation letter to the participants.

If you are unclear about anything in this letter, you are welcome to contact me 073 605 7388, or my study leader Dr M.A. van der Westhuizen at mvdw@hugenote.com.

Thank you
Danelia Warnick

ANNEXURE B: LETTERS OF INVITATION

SOCIAL WORK PARTICIPANTS

For attention: _____

I am a social worker with a special interest in the field of victim empowerment (domestic violence field). I am currently doing research on the following topic: Experiencing domestic violence as a child: Young adults' recollections and suggestions for social work services. I am doing this research under the guidance of the University of South Africa.

You are hereby requested to participate as a participant in this research study. The goals of this study is –

- a) From the perspectives of social workers rendering child and family welfare services, to explore and describe the social work services rendered to children who are exposed to domestic violence.
- b) To develop an in-depth understanding of the experiences of children regarding domestic violence, as recollected by young adults who experienced domestic violence as children, in order to proffer suggestions for social work services to child victims of domestic violence.

The reason why you were chosen to be invited to assist me with my research is the fact that you have the necessary knowledge and experience to give me a better understanding of the needs of children exposed to domestic violence to be addressed through service delivery.

Criteria for inclusion in this study:

- Social workers who are
- Registered at the South African Council for Social Service Professions and
- Employed by the Department of Social Development in the
- Drakenstein Local Municipal Area who
- Work with children who are experiencing domestic violence.

I intend to provide you with the information you will need to understand what this project will be about during an introduction interview. I will then explain how the interviews will be conducted and the possible questions that will be asked. Be

assured that your opinion and views will be respected and appreciated and that it will make a valuable contribution to this research project. Participation is voluntary and you will be requested to complete the attached consent form. However, you have the right to withdraw from the project at any time.

If you are unclear about anything in this letter, you are welcome to contact me at 073 605 7388, or my study leader Dr M.A. van der Westhuizen at mvdw@hugenote.com.

Thank you

Danelia Warnick

YOUNG ADULT PARTICIPANTS

For attention: _____

I am a social worker with a special interest in the field of victim empowerment (domestic violence field). I am currently doing research on the following topic: Experiencing domestic violence as a child: Young adults' recollections and suggestions for social work services. I am doing this research under the guidance of the University of South Africa.

You are hereby requested to participate as a participant in this research study. The goals of this study is –

- a) From the perspectives of social workers rendering child and family welfare services, to explore and describe the social work services rendered to children who are exposed to domestic violence.
- b) To develop an in-depth understanding of the experiences of children regarding domestic violence, as recollected by young adults who experienced domestic violence as children, in order to proffer suggestions for social work services to child victims of domestic violence.

The reason why you were chosen to be invited to assist me with my research is the fact that you have the necessary knowledge and experience to give me a better understanding of the needs of children exposed to domestic violence to be addressed through service delivery.

Criteria for inclusion in this study:

- Young adults between the ages of 18 and 34 years (i.e. late adolescence and early adulthood as developmental stages of young adults),

- Who have been exposed to domestic violence during childhood (i.e. witnessing or being direct victims of domestic violence), and
- Who received or are receiving social work support services
- In the towns of Paarl, Wellington, Hermon, Gouda and Saron in the Drakenstein Local Municipal Area
- In the Cape Winelands area of the Western Cape.

I intend to provide you with the information you will need to understand what this project will be about during an introduction interview. I will then explain how the interviews will be conducted and the possible questions that will be asked. Be assured that your opinion and views will be respected and appreciated and that it will make a valuable contribution to this research project. Participation is voluntary and you will be requested to complete the attached consent form. However, you have the right to withdraw from the project at any time.

If you are unclear about anything in this letter, you are welcome to contact me at 073 605 7388, or my study leader Dr M.A. van der Westhuizen at mvdw@hugenote.com.

Thank you

Danelia Warnick

ANNEXURE C: INFORMED CONSENT FORMS

TITLE OF RESEARCH PROJECT: Experiencing domestic violence as a child: Young adults' recollections and suggestions for social work services.

REFERENCE NUMBER OF PARTICIPANT: _____

PRINCIPAL RESEARCHER: Danelia Warnick

Contact number: 073 605 7388

Declaration by participant:

I, _____, ID/date of birth _____,
hereby confirm as follows:

I am not forced to participate and understand that I enter voluntarily and can change my mind at any time.

I have been informed by _____ of the following:

- The purpose and structure of the interview;
- What the information will be used for;
- Where and when the interview will take place;
- That I can speak in my preferred language;
- That the researcher will make use of translators, should the interviews not be conducted in Afrikaans or English and

The interview guidelines and list of possible questions were explained to me.

I understand the content of the above and have no questions.

I understand that, should I have any questions, I am invited to contact the above-mentioned researcher.

I understand that the research topic is sensitive and that my participation might cause some distress. I also understand that my participation might put me at risk for being identified. The researcher did explain how privacy and confidentiality will be managed. In addition, I identify the following concerns and possible risks in this study:

I understand that my participation in this study could lead to the improvement social work services and that my voice in this regard will be heard. I also understand that voicing my experiences may result in a form of debriefing. In addition, I identify the following possible benefits in this study:

I understand that I will have access to the results of this project.

My permission to tape-record the interviews was obtained. I am aware that only the researcher, translator (if needed), editor, independent coder and the researcher's supervisor and joint supervisor will have access to the tape recordings and transcripts.

I understand all the information given to me.

No pressure was placed on me to give my consent.

Declaration by researcher:

I, _____ (name of researcher),
declare that I have explained the information given in this document
to _____ (name of participant);
he/she was encouraged and given ample time to ask me any questions; this
conversation was conducted in Afrikaans/English and no translator was used

Signed at _____ (place) on _____ (date)

Signature/Thumb print: _____ (participant)

Signature: _____ (researcher)

Witness: _____

**ANNEXURE D: CONTRACT WITH SOCIAL WORKER WHO WILL ACT AS
DEBRIEFER**

I, _____, ID
(_____) hereby confirm that I am a registered social worker
(SACSSP Registration number: _____). I am willing to
commit myself to debrief participants in the research study “Experiencing
domestic violence as a child: Young adults’ recollections and suggestions for
social work services”. I will be available for such sessions at times agreed upon
between myself and the researcher. I will provide my Curriculum Vitae to the
researcher’s supervisor and this agreement will be approved by my supervisor
at the Department of Social Development.

Signed: _____

Witness: _____

Date: _____

ANNEXURE E: INTERVIEW GUIDES

YOUNG ADULTS

Biographical data of the young adult

- Please indicate your age: 18-21: 22-25: 26-30: 31-35:
- Please indicate your gender: Male:.....Female:.....
- Please indicate your age during which domestic violence was experienced:
- 0-5: 6-12: 13-18:
- Please list the members of the household:
 - Mother: Stepmother:
 - Father: Stepfather:
 - Brother(s):
 - Sister(s):
 - Extended family members:
 - Other:

Questions

- Share with me the nature of the domestic violence that you were exposed to?
- What were your first memories of the violence?
- How did you respond to the violence?
- How did the violence influence you as a child?
- How does the exposure to domestic violence during childhood influence you as a young adult?
- How did the different members of your family respond to the violence?
- How did the violence influence your relationship with your family members during your childhood?
- How did the violence influence your current relationship with your family members?
- What kind of support did you receive within the household, and from whom?
- What kind of support did you receive outside the household?
- Can you describe the social work support that you received?
- Can you describe the social work support you needed?

- What are your suggestions regarding social work support for children exposed to domestic violence?

SOCIAL WORKERS

Biographical information

- Age:
- Qualification:
- Years' experience in social work:
- Years' experience working with children exposed to domestic violence:

Questions

- From your perspective, as a social worker, what are young adults' recollections of the domestic violence they have been exposed to as children?
- From your point of view, what effect does the domestic violence they experienced have on them as young adults? (The positive and negative can be considered)
- What is the nature of social work services that you provide to young adults who were exposed to domestic violence as children?
- How does the social work profession support children who were exposed to domestic violence?
- How should social workers support young adults who had been exposed to domestic violence?